Date: TUESDAY, 27 OCTOBER 2015

Time: 2:00 pm

Location: MEETING ROOM G.01, GROUND FLOOR, CITY HALL, 115 CHARLES STREET, LEICESTER, LE1 1FZ

HEALTH AND WELLBEING BOARD

Councillors:

Councillor Rory Palmer, Deputy City Mayor (Chair)

Councillor Adam Clarke, Assistant City Mayor

Councillor Abdul Osman, Assistant City Mayor

Councillor Sarah Russell, Assistant City Mayor

City Council Officers:

Frances Craven, Strategic Director Children's Services

Andy Keeling, Chief Operating Officer

Ruth Tennant, Director Public Health

Steven Forbes, Strategic Director of Adult Social Care

NHS Representatives:

Professor. Azhar Farooqi, Co-Chair, Leicester City Clinical Commissioning Group

Sue Lock, Managing Director, Leicester City Clinical Commissioning Group

Dr Avi Prasad, Co-Chair, Leicester City Clinical Commissioning Group

Trish Thompson, Director of Operations and Delivery, NHS England Local

Healthwatch / Other Representatives:

Karen Chouhan, Healthwatch Leicester

Richard Clark, Chief Executive, The Mighty Creatives

Chief Superintendent, Sally Healy, Head of Local Policing Directorate, Leicestershire Police

Professor Martin Tobin, Professor of Genetic Epidemiology and Public Health and MRC Senior Clinical Fellow, University of Leicester.

Members of the Board are summoned to attend the above meeting to consider the items of business listed overleaf.

Members of the public and the press are welcome to attend.

G. J. Carey

For Monitoring Officer

City Mayor healthwatch Leicester Leicestershire Police Protecting our communities NHS Leicester City Clinical Commissioning Group NHS Commissioning Board

Information for members of the public

Attending meetings and access to information

You have the right to attend formal meetings such as full Council, committee meetings, City Mayor & Executive Public Briefing and Scrutiny Commissions and see copies of agendas and minutes. On occasion however, meetings may, for reasons set out in law, need to consider some items in private.

Dates of meetings and copies of public agendas and minutes are available on the Council's website at www.cabinet.leicester.gov.uk, from the Council's Customer Service Centre or by contacting us using the details below.

Making meetings accessible to all

Wheelchair access – Public meeting rooms at the City Hall are accessible to wheelchair users. Wheelchair access to City Hall is from the middle entrance door on Charles Street - press the plate on the right hand side of the door to open the door automatically.

Braille/audio tape/translation - If you require this please contact the Democratic Support Officer (production times will depend upon equipment/facility availability).

Induction loops - There are induction loop facilities in City Hall meeting rooms. Please speak to the Democratic Support Officer using the details below.

Filming and Recording the Meeting - The Council is committed to transparency and supports efforts to record and share reports of proceedings of public meetings through a variety of means, including social media. In accordance with government regulations and the Council's policy, persons and press attending any meeting of the Council open to the public (except Licensing Sub Committees and where the public have been formally excluded) are allowed to record and/or report all or part of that meeting. Details of the Council's policy are available at www.leicester.gov.uk or from Democratic Support.

If you intend to film or make an audio recording of a meeting you are asked to notify the relevant Democratic Support Officer in advance of the meeting to ensure that participants can be notified in advance and consideration given to practicalities such as allocating appropriate space in the public gallery etc.

The aim of the Regulations and of the Council's policy is to encourage public interest and engagement so in recording or reporting on proceedings members of the public are asked:

- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact Graham Carey**, Democratic Support on (0116) 454 6356 or email graham.carey@leicester.gov.uk** or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

For Press Enquiries - please phone the **Communications Unit on 454 4151**

PUBLIC SESSION

AGENDA

NOTE:

This meeting will be webcast live at the following link:-

http://www.leicester.public-i.tv

An archive copy of the webcast will normally be available on the Council's website within 48 hours of the meeting taking place at the following link:-

http://www.leicester.public-i.tv/core/portal/webcasts

FIRE/EMERGENCY EVACUATION

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to area outside the Ramada Encore Hotel on Charles Street as directed by Democratic Services staff. Further instructions will then be given.

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed at the meeting.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair to invite questions from members of the public.

4. MINUTES OF THE PREVIOUS MEETING **Appendix A Page 1**

The Minutes of the previous meeting of the Board held on 9 September 2015 are attached and the Board is asked to confirm them as a correct record.

5. LEICESTERSHIRE PARTNERSHIP NHS TRUST - STRATEGIC PRIORITIES **Appendix B Page 11**

To receive a presentation from Peter Miler, Chief Executive, Leicestershire Partnership NHS Trust (LPT) on the Trust's strategic priorities and current challenges.

6. GENERAL DENTAL CARE SERVICES - URGENT CARE CONSULTATION AND SPECIAL CARE DENTISTRY PRE-ENGAGEMENT PROCESS

Appendix C Page 37

To receive a briefing paper from NHS England on their public consultation on two options to improve access to urgent dental care services.

7. PROPOSAL FOR A NEW PRIMARY HEALTH SERVICE FOR LEICESTER CITY CARE HOME RESIDENTS

Appendix D Page 63

To receive a report from Leicester City Clinical Commissioning Group on a proposal to establish a new multi-disciplinary primary care service care home patients.

8. 0-19 HEALTHY CHILD PROGRAMME UPDATE

Appendix E Page 67

The Director of Public Health to submit a report requesting the Board to note plans for the recommissioning of the 0-19 Healthy Child Programme and to develop further integration of this programme with the Council's Early Help Offer.

9. THE DEVELOPMENT OF THE JOINT HEALTH AND WELLBEING STRATEGY

Appendix F Page 73

The Director of Public Health to submit a report on the emerging themes for developing the strategy in preparation for it to be renewed/refreshed in 2016.

10. LIVE/WORK LEICESTER CAMPAIGN

Appendix G Page 77

The Director of Public Health submits a report on a proposed approach to developing a joint city-wide campaign to address critical gaps in areas of the local workforce and what can be done to address these.

11. DATES OF FUTURE MEETINGS

To note that future meetings of the Board will be held on the following dates:-

Tuesday 8 December 2015
Tuesday 2 February 2016
Tuesday 5 April 2016

Meetings of the Board are scheduled to be held in City Hall, at 2.00pm unless

stated otherwise on the agenda for the meeting.

12. ANY OTHER URGENT BUSINESS

Appendix A

Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: WEDNESDAY, 9 SEPTEMBER 2015 at 11.00am

Present:

Councillor Rory Palmer (Chair)	–	Deputy City Mayor, Leicester City Council
Richard Clark	–	Chief Executive, The Mighty Creatives
Councillor Adam Clarke	–	Assistant City Mayor, Energy and Sustainability, Leicester City Council
Professor Azhar Farooqi	–	Co-Chair, Leicester City Clinical Commissioning Group
David Henson	–	Executive Officer, Healthwatch Leicester
Andy Keeling	-	Chief Operating Officer, Leicester City Council
Sue Lock	-	Managing Director, Leicester City Clinical Commissioning Group
Superintendent Mark Newcombe	–	Local Policing Directorate, Leicestershire Police
Ruth Tennant	–	Director of Public Health, Leicester City Council
Councillor Abdul Osman	–	Assistant City Mayor, Public Health, Leicester City Council
Councillor Sarah Russell	-	Assistant City Mayor, Children and Young Peoples Services
Professor Martin Tobin	–	Professor of Genetic Epidemiology and Public Health and MRC Senior Clinical Fellow, University of Leicester

In attendance

Graham Carey	–	Democratic Services, Leicester City Council
Sue Cavill	–	Head of Customer Communications and

Engagement - Greater East Midlands
Commissioning Support Unit

* * * * * * * *

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Karen Chouhan, Chair Healthwatch Leicester, Frances Craven, Strategic Director Children's Services, Chief Supt Sally Healey Head of Local Policing Directorate, Dr Avi Prasad, Co-Chair, Leicester City Clinical Commissioning Group, Tracie Rees, Director of Care Services and Commissioning (Adult Social Care) and Trish Thompson, Director of Operations and Delivery, NHS England Local.

2. DECLARATIONS OF INTEREST

Members were asked to declare any interests they might have in the business to be discussed at the meeting. No such declarations were made.

3. MEMBERSHIP OF THE BOARD

The membership of the Board for 2015/16 approved by the Council on 18 June 2015 was noted as follows:-

City Councillors
Councillor Rory Palmer - Deputy City Mayor – Chair
Councillor Adam Clarke – Assistant City Mayor – Energy and Sustainability
Councillor Abdul Osman – Assistant City Mayor - Public Health
Councillor Sarah Russell – Assistant City Mayor – Children, Young People and Schools

NHS Representatives

Professor Azhar Farooqi – Co-Chair of the Leicester City Clinical Commissioning Group
Sue Lock, Managing Director - Leicester City Clinical Commissioning Group
Trish Thompson - Director of Operations and Delivery, Leicestershire and Lincolnshire NHS England
Dr Avi Prasad - Co-Chair of the Leicester City Clinical Commissioning Group

City Council Officers

Andy Keeling - Chief Operating Officer and Acting Director of Adult Social Care
Frances Craven - Strategic Director – Children's Services
Ruth Tennant - Director of Public Health
Note: Stephen Forbes will be joining the Council on 7 October 2015 as Strategic Director - Adult Social Care and will become a member of the Board.

Local Healthwatch and Other Representatives

Karen Chouhan - Chair, Healthwatch Leicester
Chief Supt Sally Healy - Head of Local Policing Directorate
Professor Martin Tobin - Professor of Genetic Epidemiology and Public Health
Richard Clark - Chief Executive, The Mighty Creatives

4. TERMS OF REFERENCE AND REQUEST FOR DELEGATION OF AUTHORITY TO THE CHAIR

The Board's Terms of Reference approved by the Council on 18 June 2015 were noted. The Terms of Reference were amended to add the following responsibility at paragraph 3.14:-

"The Board will agree Better Care Fund submissions and have strategic oversight of the delivery of agreed programmes."

Delegation of Urgent Action to the Chair – Better Care Fund

The Chair stated that frequent requests are received from NHS England for information to be sent back at short notice which does not make it feasible to submit it to a Board meeting and asked for delegated authority to deal with these between Board meetings. Any such submissions would be circulated to Members of the Board for information.

RESOLVED:

That the Board's authority be delegated to the Chair of the Board to 'sign off' information requested by NHS England about the Better Care Fund, or other data to be submitted by the Board when there is insufficient time for these to be considered at a formal Board meeting.

5. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the previous meeting of the Board held on 26 March 2015 be confirmed as a correct record.

6. UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST - STRATEGIC PRIORITIES

The Chair stated that he had deferred this item to the next meeting as a number of apologies had been received and he felt that the presentation by John Adler should be made to the full Board membership in view of its importance.

7. LOCAL RESPONSE TO NHS 7 DAY WORKING

The Managing Director, Leicester City Clinical Commissioning Group submitted a report providing an update on progress in primary, community and acute care in implementing seven day services as directed by the Seven Day Services Forum.

The Managing Director stated during the introduction and in response to subsequent questions from Members that:-

a) Leicester City GP Practices were successful in receiving an allocation of £3.2m from the Prime Minister's Challenge Fund to pilot a number of initiatives to promote seven day access to primary care. The GP practices had formed a Steering Group to oversee the introduction of these initiatives which involved longer opening hours during the week, opening at weekends and greater use of online services including patient registrations.

b) The CCG had a representative on this Steering Group to influence the alignment of the initiatives with local strategies and to develop key performance indicators so that their operation could be measured and assessed.

c) The four pilot sites for longer and extended opening hours were Willows Medical Centre (Rowlatts Hill Road), Belgrave Health Centre, Brandon Street, Westcotes Health Centre, Fosse Road South and Saffron Group Practice, Saffron Lane. There was a phased launch with one centre joining the initiative each week during September.

d) Each pilot site would have a GP Principal and a Nurse available at all times the service was open. GP Principals had been encouraged to provide the service rather than rely on locum Doctors. The new arrangements were seen as a success of the GP Federation working in collaboration to change working practices that would be sustainable. The pilot sites would be able to access patients' records from other GP practices through IT systems and data sharing arrangements.

e) Discussions were taking place between the pilot sites and local pharmacies to provide access to pharmacies during the extended opening hours.

f) It was recognised that effective communication plans had to be in place to underpin this initiative.

g) The effectiveness of the pilots would be assessed by the CCG in December/January and they would determine whether any improvements to the arrangements were required and whether it was effective to rollout and extend the scheme.

h) The data collected would identify where patients came from and part of

its analysis would identify whether the attendances were genuine and a true reflection of the expected demand for the extended service.

i) The provisions for seven day access to services were already built into the Better Care Together Fund as it was a key part of work to improve patient flows in and out of hospitals and reduce hospital admissions. This involved a more integrated seven day working model across front-line health and social care services as well as developments in the Clinical Response Team, Unscheduled Care Team and the Planned Care Team. Each of these has proven that integrated seven day services provide both high quality care for patients and aids the flow through the urgent care system.

j) Following an assessment of UHL in relation to Keogh's 10 Clinical Standards intended to improve consistency in services across seven day working, their commissioners required that 5 of the clinical standards required improvement by 31 March 2016 and these were listed in the report. Currently four of these were 'Green' and the one 'Amber' relating to 'Transfer to Community, Primary and Social Care' was likely to turn 'Green' in the near future. Those services not currently provided over seven days, such as diagnostics etc, would gradually be rolled out.

k) Recent commercial initiatives offering telephone access to a consultation with a doctor were attracting interest as it provided an opportunity to free up a patient's doctors' time and encourage self-care. Procurement for this service was currently underway by the CCG and it was hoped to offer this service locally in October 2015.

l) The changes in services involving seven day provision and the new pilot hubs were also being fed into the 111 telephone service provider so that they could direct enquiries to the appropriate point of contact.

m) The new pilot hubs were not intended to replace a patient's usual GP services but provide additional and more flexible opportunities of access. The hubs were also intended to deal with patients who had attended 'walk in' centres, urgent care centres or contacted 111 and who could be appropriately treated through GP services. Nor was it intended that GP practices would refer patients to the hub centres to alleviate their own practice lists.

n) Seven day working for all services at UHL were important to provide a full range of services for patients, especially for those admitted at week-ends. Evidence currently showed that survival rates were lower for week-end admissions because of the lower availability of some services in hospitals at week-ends, and this needed to be addressed for the patients' benefit.

o) It was important to understand that the hub centres were not intended to provide the full range of routine GP services available at a patient's

usual GP practice, but to provide good services over a seven day period to treat patients and keep them out of hospital, when an admission was not necessary.

p) A number of non-core services had historically been introduced piece-meal. The challenge locally was to co-ordinate a range of initiatives into a rationalised and coherent provision in the long term.

The Healthwatch representative offered to provide assistance with an independent evaluation of the discharge of patients from hospital to community care. Healthwatch also commented that the publicity of the changes of service provision was a key issue to success as it was important to make clear to the public what could be provided and what was not provided. Healthwatch offered to provide assistance with this. The Managing Director of the CCG welcomed Healthwatch's offer to be involved.

Members made the following observations and comments:-

a) Digital access to the health economy could be an item of consideration for a future Board meeting particularly looking at the cross-cutting issues of patient access etc.

b) There was some concern that the provision of seven day working for GP services could result in some employers not allowing staff to attend regular medical appointments or treatment during the week, which could result in higher weekend attendances. It was requested that these attendances be captured in the evaluation data to be collected.

c) The fragmented arrangements for commissioning services do not easily aid a systematic or strategic approach to health care provision and co-ordination. For example, the separate arrangements for commissioning dental, pharmacy and specialised services to those of GP and hospital core services.

RESOLVED:

1) That the report and developments taking place for the provision of seven day working be noted.

2) That the issue of seven day working be re-considered when the evaluation of the current hub pilot centres has been completed and that partner organisations also review their position in relation to seven day working and what it means in real terms to the people of Leicester.

8. GP RECRUITMENT AND RETENTION PLANNING

The Managing Director, Leicester City Clinical Commissioning Group submitted a report which set out the detail of the plans which have been produced locally and the progress that has been made in relation to the General Practice Incentive Scheme.

Members noted the following comments:-

a) There was a national and local shortage of GPs and a number of initiatives were being undertaken to address these shortages.

b) Professor Farooqi was the CCG's representative on the Leicester, Leicestershire and Rutland (LLR) General Practice Delivery Group, which was overseeing a 10 point plan to support the recruitment of GPs, which was outlined on the report.

c) The Government had made a commitment to train an additional 5,000 GPs by 2020, but current evidence suggested that there were insufficient numbers on GP training programmes to achieve this.

d) Currently 30% of places on the East Midlands GP training scheme were unfilled.

e) Locally issues under consideration were:-

    i) Selling the East Midlands as a place to work for GPs.

    ii) Encouraging GP's to take medical students from local universities to provide an introduction to and experience of primary care provision.

    iii) Encouraging GPs trained in Leicester to remain in Leicester. Feedback from young doctors indicates that Leicester is not seen as an attractive place to work for a number of reasons, although there were a number of highly committed GPs who valued the chance to work in an area of high need.

    iv) Incentive schemes including financial and non-financial elements were seen as useful in recruiting more GPs. Non-financial elements could include offering young GPs the opportunity of various experiences as part of their employment, including research opportunities, specialist work experience in hospitals, working in 2-3 GP practices, protected learning time within the contract of employment etc. The Council's Public Health directorate could also look at offering opportunities for experience and development.

Following Members' questions and comments it was stated that:-

a) It was more difficult for non-EU doctors to be recruited to the health services. It may be worthwhile to engage local immigrant communities to see if qualified medical practitioners could be retrained as GPs. The LLR General Practice Delivery Group currently had no data on potential numbers etc so any information in relation to this would be welcomed.

b) The current Membership of the Royal College of General Practitioners (MRCGP) training programme was more rigorous than ever before in assessing clinical skills and knowledge. The current failure rate was 15-20% but this reflected the high quality expected from doctors passing the qualification.

c) Approximately 250 medical places were available at Leicester University and yet few medical students chose to stay in Leicester when they qualified. This differed from a significant proportion of existing doctors in Leicester, aged in their 40's, who had stayed following their training at local universities.

d) A number of GP practices relied on the employment of locums to meet patient's needs and more work needed to be done in the short term to encourage these locums to become permanent members of the practice.

Members' made the following observations and comments:-

a) The issue of GP recruitment was an issue that needed to be addressed by everyone engaged in providing services across the health economy.

b) The recently established, Children's Services Improvement Board, comprising representatives of health, the Council and the Police had recently looked at the issue of Leicester as a place to work and were developing initiatives and this could be further developed to support the recruitment and retention of GPs and other NHs staff locally.

c) In relation to Leicester being seen as too challenging a place to work the LLR General Practice Delivery Group could also look at the success of the Teach First programme in addressing educational disadvantage issues in England and Wales.

d) It would be interesting to map out where recent cohorts of locally trained medical students took up employment as part of the work to understand why they did not stay locally.

e) Joint work to produce promotional material publicising Leicester as a place to live and work was fully supported together with the possibility of having joint funding from all organisations interested in this issue so that a better outcome could be achieved by pooling resources rather than each organisation producing its own material.

f) The issue of newly qualified doctors not wishing to stay in Leicester was part of a wider issue of graduate retention in the City generally, which the Council was trying to address.

g) It was felt that if 20 newly qualified medical students from one cohort could be encouraged to stay and practice in Leicester then this would make a big difference to local GP practices. If the cohort then

encouraged and influenced students in following cohorts to stay the cumulative effect would soon change the current situation dramatically.

RESOLVED:

That Board members be thanked for their helpful contributions and that the CCG consider the suggestions made at the meeting to contribute towards the enhancement of the General Practice Incentive Scheme.

9. PUBLIC HEALTH BUDGET

The Director of Public Health submitted a report on Leicester's response to the consultation on national plans to make in-year savings on the ring fenced public health grant to local councils, following the Government's announcement on 5 June 2015.

It was noted that:-

a) The consultation had closed two weeks previously and the Deputy City Mayor had submitted a response, which had previously been sent to all Members of the Board for information.

b) There had been a great deal of negative response to the proposal to save a further £200m on local councils ring fenced public health budgets from both councils and NHS providers of services funded by the budget. It was felt by many that the Department of Health were unaware that the budget was used to fund some front line NHS services.

c) Four options had been suggested in the consultation ranging from claiming a larger share of savings from local authorities that were funded significantly above their target allocation, claiming a larger share of savings from those local authorities that had carried unspent reserves into 2015/16, reduce all local authorities allocation by a flat rate percentage reduction and or a flat rate reduction unless an authority could show this would lead to a particular hardship.

d) Leicester had expressed its reluctant preference for claiming a larger share from local authorities that were funded significantly above their target allocation. Leicester's funding was still under its target allocation and therefore it was felt that it should receive less reduction in budget than those authorities that were funded above their target allocation.

e) A number of planned programmes had already been put on hold to meet the proposed in-year reductions if they were subsequently confirmed now the consultation had closed.

f) It was uncertain whether the proposed reduction would be a recurrent saving in future years but it had been assumed this would be the case for contingency planning purposes. It was possible that the proposed

reductions could be incorporated into future spending reviews and the current ring-fenced funding for public health could also change.

g) There were some important areas around children in crisis and prevention within the Better Care Together Fund for which funds were available but it would take more effort to attract the funding than to receive it direct.

h) The proposed reductions would also have an impact across the whole of the Better Care Together Programme.

The Chair noted the Board's dissatisfaction with the recent announcement, following so closely after Simon Steven's (NHS England Chief Executive) announcements to the NHS Conference on prevention and intervention measures. Reducing public health expenditure was also contrary to the King's Fund modelling that £1 spent on primary care prevention and intervention measures can save much larger amounts in acute care expenditure in the future.

RESOLVED:

That the update be noted and that the Board be kept aware of future developments.

10. DATES OF FUTURE MEETINGS

It was noted that future meetings of the Board would be held on the following dates:-

Tuesday 27 October 2015
Tuesday 8 December 2015
Tuesday 2 February 2016
Tuesday 5 April 2016

Meetings of the Board are scheduled to be held in City Hall, at 2.00pm unless stated otherwise on the agenda for the meeting.

Note: The dates above have been changed from those published in the Minutes of previous meetings.

11. ANY OTHER URGENT BUSINESS

There were no items of Any Other Urgent Business.

12. CLOSE OF MEETING

The Chair declared the meeting closed at 12.30 pm.

Appendix B

LEICESTER CITY HEALTH AND WELLBEING BOARD
27 October 2015

Subject:	Update on strategic priorities 2015/16 for Leicestershire Partnership NHS Trust
Presented to the Health and Wellbeing Board by:	Dr Peter Miller
Author:	Dr Peter Miller

EXECUTIVE SUMMARY:

Leicestershire Partnership NHS Trust provides mental health and community services across Leicester, Leicestershire and Rutland. This presentation describes the key strategic priorities for the current year for service development and this presentation will outline key risks and challenges.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to receive the presentation.

Leicestershire Partnership NHS Trust

Leicestershire Partnership NHS Trust Strategic Priorities and Risks 2015/16

Dr Peter Miller
Chief Executive Officer



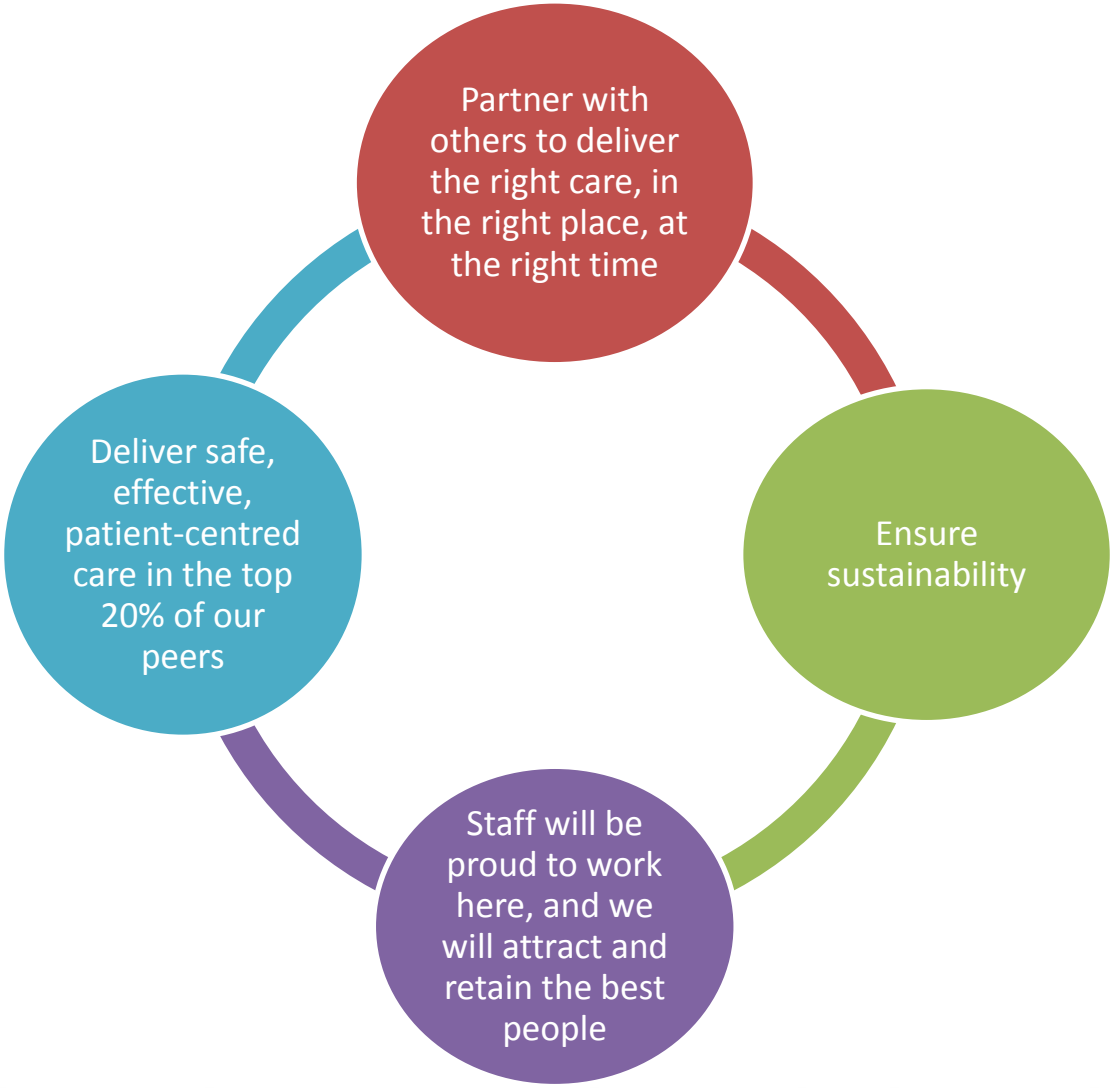

Leicestershire Partnership NHS Trust

We provide integrated mental health, learning disability and community health services for a population of a million people in Leicester, Leicestershire and Rutland.

Health Improvement to school nursing, health visiting to CAMHS, Community hospitals, community services, end of life care to MHSOP, LD, IAPT to acute mental health wards, podiatry to low secure services, community paediatrics and Diana Nursing, immunisation programmes to community mental health.

Values

Strategic Objectives



LPT in Numbers

156 sites

240,000 occupied beds days

1.49m community contacts

166,000 active caseload at any one time

5486 staff; 4,712wte

Income £273m Planned surplus of £2.6m

Delivering 83% of a 5.5% CIP plan

Integrating our Clinical Services

Focusing our services on families in geographical localities that are aligned to emerging primary care clusters, local authority boundaries or health community-wide networks, so that our services operate seamlessly with each other, with primary care, with social care and with the voluntary sector. Our services will be co-ordinated and accessed locally, the key impacts of which will be:-

- Improved access to services, enhancing the service user experience and allowing earlier intervention.
- Reduced duplication of contacts and activities within and across agencies from better coordination, therefore improving service user experience and reducing costs.
- Earlier intervention with reduced escalation of health conditions and therefore improving health and reducing specialist service contacts.
- Better health and social care system integration reducing back-room (eg administration and management) costs across statutory agencies.

Adult Mental Health & Learning Disability Services

- Development of the adult mental health care pathway
- Enhance adult community mental health services
- Supporting people with a learning disability to remain in the community

Development of the Adult Mental Health Acute Care Pathway

We will review, redesign and implement acute care pathways for adults with mental health problems that prevent the need for admission, improve access and responsiveness to key acute mental health services. The key impacts of this change will be:-

- Easier access to the right services, at the right time and in the right way, improving the service user and referrer experience and enabling earlier intervention. This will be achieved through the remodelling of the Crisis Resolution Team whereby the introduction of a new organisational model will promote timely response

- Reduced hand-offs within and across agencies by improving partnership working and awareness, reducing delayed discharges and length of stay with the introduction of the housing support pilot which is aimed at reducing delayed hospital discharges attributable to housing related issues.

- Deliver a sustainable set of services by providing alternatives to hospital admission, promoting recovery and independent living by commissioning of a Crisis House and Step Down Bed facility aimed at providing an alternative to hospital admission.

Enhance Adult Community Mental Health Services

Development of community mental health care pathways for adults to include alignment with primary and voluntary and community sector support to ensure that people who are not in a crisis but are unwell are identified early, seen quickly and supported to remain in the community. The key impacts of this change will be:-

- Improved confidence within community mental health, primary care and the voluntary and community sector to support adults with a mental health problem with their health and social care needs to improve recovery rates, increase resilience and reduce escalation to the acute means of service provision.

- Clearer understanding of the care pathway to improve patient and carer experience.

Supporting People with a Learning Disability to remain in the community

The overall aim is to develop safe, effective and person centred community learning disability services which work in partnership with others to improve the health and well- being of adults with learning disabilities. In order to meet this aim we will:-

- Restructuring of the current teams and improvement in the efficiency of processes.
- Further development of the model of care based around the 4 Tiers approach and supported by evidenced based care pathways, clinical strategies and specialist interventions.
- Development of an integrated approach to management and clinical leadership.
- Development of the estates and IMT structure required to deliver a more flexible and efficient service.
- Engage with staff and further develop partnerships across health and social care and with our service users and their families and work with them to improve intervention and enablement.
- Support the wider locality approach to multi-disciplinary team working and integrated joined up care, supporting and enabling access to mainstream health and social services for the LD population, to enable an integrated team approach.
- Enhance home treatment and crisis management, refocussing on the Outreach service to facilitate admission and discharge to the Agnes Unit.
- Provide the best quality of care to the people with LD who have the most complex needs within the care pathways.

Community Health Services

- Prevention and early Intervention
- Improving access to care and reducing waiting times
- Developing out of hospital care
- Whole system provision of care

Prevention and Early Intervention

Making Every Contact Count – Using our clinical contacts as well as our networks of professional and social relationships, we will continue to embed our work to Make Every Contact Count (MECC) empowering healthier lifestyle choices.

Asset Based Community Development – We will work in partnership with community groups, advocacy groups, social networks and leaders and families within the networks of social relationships in our communities to develop, promote and facilitate activities and behaviours that lead to improvement in the health and well-being.

Work Based Health Improvement Programmes – We will lead by example as provider of health care by promoting practices at work and within our staff that enhance positive health and wellbeing.

Risk Stratification and Case Management – Through our generic and specialist services such as our clinical coordinators, community nursing and therapy teams, heart failure and respiratory specialist nursing teams, we will work closely and in partnership with our GPs and primary care partners to provide pro-active multi-disciplinary care planning

The key impacts will be:-

- Staying healthy; enable people to stay well by making healthy lifestyle choices and adopting behaviours that improve and maintain their health and wellbeing.
- Early intervention to prevent urgent and emergency acute care.
- Reduction in inappropriate A&E attendance.
- Reduction in hospital admission for people with chronic illness.
- Early diagnosis of dementia.

Improving Access to Care and Reducing Avoidable Waits for our Services

Single Point of Access – We will expand and enhance the capability and capacity of our single point of access service to ensure that calls are answered swiftly and an effectively

Implementation of Memory Service Shared Care Agreement –in partnership with GPs to ensure we continue to improve our offer of early detection of dementia

One Chance to Get It Right – We will continue to develop the full spectrum of care prescribed through the five priorities for end of life care. We will work together with local partners such as LOROS, carers and families to support people who are reaching the end of their lives and to enable them to die in the place of their choice

Implementing Seven Day Services - through a number of our clinical services but we will continue to extend seven day provision of care to ensure that patients receive timely, integrated and personalised intervention when this is needed.

Continuing Health Care – We will work together with our commissioners, social and third sector partners, carers and families to ensure that patients receive a timely CHC assessment and that care packages

Psychiatric Liaison in Acute Hospitals – working with the acute sector by providing psychiatric liaison provision in the acute hospitals to address physical needs and support older people's access to mental health services.

The key impacts will be:-

- Reduction in waiting times.
- More patients will receive treatment in their homes (in the community) regardless of the day of the week and those who choose to die at home will be supported to achieve this.

Developing Out of Hospital Care

Intensive Community Support Service (ICS) –, we will enhance the capacity and capability of our ICS. This will facilitate delivery of the Better Care Together bed reconfiguration programme by providing community based capacity for the equivalent of 130 beds in 2015/16 and additional 120 beds in the subsequent year.

Sub-Acute Care in Community Hospitals – Over the period of this plan, we will develop the capability and capacity to provide sub-acute care in our community hospitals.

Community Stroke and Neurology Services – We will work together with our commissioners and partners in acute care to provide an integrated community based specialist services for patients who have recovered from the acute phase of an episode of stroke or neurological illness.

In-Reach Teams – To facilitate the prompt and effective transfer of the most appropriate cohort of patients with the desirable level of acuity into community based sub-acute care and ICS beds, we will establish an In-reach team with the skills and experience to identify and expedite the prompt and smooth transfer of patients.

Enhanced Health in Care Homes – We will continue to provide an in-reach into care service into homes for people diagnosed with dementia and other mental health care in order to reduce the need for their admission into hospital.

The key impacts will be:-

- Ensuring that patients receive the right care in the right place at the right time, with care given by the right team.
- Releasing acute care beds for those who really need acute care.
- Ensures that patients are appropriately cared for in their own homes or as close to their homes as possible,
- Promotes self-care and personalised care.
- Promote reablement, independence and self-care of patients who have experienced acute episodes of illness
- Supports the long term sustainability of the local health economy.

Whole Systems Provision of Care

Coordinated Community Health Services (CCHS) – In the preceding year we implemented our CCHS programme which delivered the structured, systematic integration of our community. Over the planning period, we shall continue the process of internal organisational integration .

Specifically, we will:-

- Integrate and align our care pathways with County and City social care services from April 2015.
- Implement Phase 2 of our CCHS programme which draws community hospitals and specialist services into the integrated model.
- Develop partnership working with community groups and third sector organisations and join up internally with our FYPC division to progress Asset Based Community Development.
- Ensure that the health and well-being needs of carers of our patients are promoted and met.
- Develop and implement integrated physical and mental health teams for older people.

The key impacts will be:-

- As the left shift process transfers services to community based groups and voluntary/third sector organisations, we will ensure that our patients receive seamless, whole systems and person centred care.
- We will be well positioned, appropriately resourced and equipped as preferred providers of healthcare services for patients who exercise the use of their personal health and social care budgets.
- There will be better outcomes for patients, families and carers by their active involvement in care provision.
- Access will be enhanced for those who are deemed to be hard to reach, which will lead to the reduction in the current inequalities in health that exist across the communities in LLR.
- Patients with comorbidities involving physical and mental health conditions will have more timely access to mental or physical health intervention.

E-Health Innovations and Bed Utilisation

Nursing Technology Fund – Having secured funding through this fund in 2014/15, we will implement technology advances in nursing practices across all of our community hospitals. This project will digitally connect nurses in the acute and community trust,

Robotic Telepresence Solution – We will pilot a robotic telepresence solution that enables a clinician to be virtually present in a distant location

Efficient Use of Beds – We will optimise the use of our beds so that we can provide the same or increased volume of activity with fewer beds

The key impacts will be:-

- Improved access to care and reduction in waiting times; the optimal use of our space will ensure that we have more capacity to see more people and reduce waiting times.
- The use of technology will facilitate quicker intervention through the shared access to patients' clinical records.
- The prompt intervention will also lead to improved outcomes and enhanced patient experience
- Robotic telepresence ensures that patients can be seen and reviewed without the need to be physically present.
- Improved access to care and reduced waiting times.
- Supports financial sustainability of care.

Families, Young People and Children

- Strengthening communities
- Increasing knowledge and skills
- Alternative technologies
- Achieving Best Practice

Strengthening Communities

Rolling out a co-developed health planning and Asset-Based Community Development (ABCD) approach across LLR. This will strengthen, support, co-ordinate and build capacity within families and communities for self-help and to support each other, and aid in the design of local health and social care services. The key impacts of this change will be:-

- Improved confidence within families and communities to support each other's health and social care needs to increase resilience and reduce use of statutory agencies.
- Increased support for families from communities to allow quicker recoveries and less dependence on statutory services. This will lead to earlier discharges from services and a reduction in the number and frequency of follow-ups.

Increasing Knowledge and Skills across the Workforce

Through introducing new roles and integrating practice across teams there will be a transfer of skills and knowledge across the workforce. The key impacts of this change will be:-

- Increased capability in practitioners to support service users, reducing referrals to more specialised services, providing confidence in specialised service practitioners to discharge earlier and reducing the number of practitioners involved in the care of a child or family.
- Increased quality of interventions, and to intervene earlier improving service user health.
- Reduced workforce cost through the safe delivery of interventions by lower banded staff group than currently.

Introduction of Alternative Technologies

We will build on our pioneering work with social media, mobile and video technology to create accessible, agile and efficient services. The key impacts of this change will be:-

- Increased accessibility to practitioner advice, building on our nationally recognised social media apps and virtual appointments to allow earlier intervention, reduction in face to face contacts and improve service user experience.

- Increased agility of workforce through mobile working technologies, reducing estates usage and travel costs, and improving productivity.

Achieving Best Practice in Clinical Delivery

To use and generate best-practice guidance to deliver effective integrated pathways and efficient delivery models which start and end with the community's role. The key impacts of this change will be:-

- Increased quality through standardisation of best practice and reduced costs associated with outlier practices, duplicated and unnecessary contacts.
- Increased productivity through lean processes and leading edge service design resulting in reduced cost per contact.
- Increased integration across agencies, supporting cross-organisational re-design and reducing of administration costs.
- Improved self-care through clarification of the role of community involvement in aspects of the care pathways resulting in reduced service contacts.

Other Priority Areas

- Innovation and Research
- Leadership development
- Continuous quality improvement

Challenges/Risks

- **Financial stability of health economy**

- **Workforce**
  - Capacity
  - Capability
  - Engagement

- **Sustained quality improvement**
  - CQC inspection outcome

- **Demand/Capacity and Access**

Thank You

Appendix C

LEICESTER CITY HEALTH AND WELLBEING BOARD
27 OCTOBER 2015

Subject:	Briefing Paper on the General Dental Services – Urgent Care Consultation and Special Care Dentistry Pre-Engagement Processes
Presented to the Health and Wellbeing Board by:	Jane Green, Assistant Contract Manager – Dental and Optometry Semina Mekhani, Consultant in Dental Public Health
Author:	Jane Green, Assistant Contract Manager – Dental and Optometry, NHS England

EXECUTIVE SUMMARY:

- The briefing paper is to raise awareness of the dental consultation and pre-engagement processes being undertaken in Leicester, Leicestershire and Rutland to inform future dental procurement programmes in 2016.

- NHS England is undertaking a public consultation on General Dental Services: Urgent Dental Care for Leicester, Leicestershire and Rutland. The dental consultation is seeking views on two options to improve access to urgent dental care services. The consultation commenced on 3 August 2015 and closes at midnight on 1 November 2015. The two options are:

  - Option 1 Urgent Dental Care Service for Leicester, Leicestershire and Rutland (merging existing urgent dental care services into one service based from the Dental Access Centre in Leicester).
  - Option 2 Creating a new Urgent and Routine Dental Care service – 8am to 8pm in two locations (one to be based in Leicester city and the other to be based in Leicestershire/Rutland).

- The consultation has been promoted within GP practices, dental practices, pharmacies, libraries and community centres. The consultation document and questionnaire are available on line and hard copies are available at the Dental Access Centre, to patients attending the dental out of hours service or a copy can be requested. A public meeting is being held on 7 October 2015 between 6 to 8pm at the Adult Education Centre, 2 Wellington Street, Leicester.

- The Special Care Dentistry Service pre-engagement process for Leicestershire and Lincolnshire has been extended to give patients, carers, wider health community and key stakeholders the opportunity to provide feedback to assist with improving existing services. The extended pre-engagement process was undertaken between: 17 August 2015 to 25 September 2015.

- NHS England will consider the outcomes from the dental consultation and pre-engagement processes in late November/early December 2015 to determine the preferred service model and future service arrangements to be procured.

- The procurement programmes will commence in January 2016 and new contracting arrangements will be operational on 1 December 2016.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- Note the paper for information.
- Provide views on the options for urgent dental care service.
- To indicate any areas where the special care dentistry service could be extended/improved.

NHS ENGLAND CENTRAL MIDLANDS

Briefing Paper on the General Dental Services – Urgent Care Consultation and Special Care Dentistry Pre-Engagement Processes

July 2015

1. The Purpose of this Briefing Paper

The purpose of this briefing paper is to make the Health and Wellbeing Boards and Overview and Scrutiny Committees aware of the dental consultation and pre-engagement processes being undertaken in Leicester, Leicestershire, Rutland (LLR) and Lincolnshire to inform dental procurement programmes in 2016.

The two dental procurements relate to:

- General Dental Services: Urgent Dental Care for Leicester, Leicestershire and Rutland (LLR)
- Special Care Dentistry Services for Leicestershire and Lincolnshire

2. Background Information

NHS England Central Midlands are responsible for commissioning of NHS dental services across Leicestershire and Lincolnshire. The procurements will be open to existing and new providers. NHS England is working with Greater East Midlands and Arden Commissioning Support Unit to support the engagement and consultation processes for the procurement programmes.

The LLR Dental Access Centre provides NHS urgent dental care services to patients with an urgent need who do not regularly receive dental care or for patients when their practice is closed and they have an urgent need. The Dental Access Centre is based in Nelson Street in Leicester. This is a triage service and they provide either self-help pain relief advice or arrange for the patient to have an urgent dental appointment. Where a patient requires further routine care after an urgent course of treatment, they will be required to seek routine care at an alternative dental practice. The service opening times are 9.00am to 5.00pm Monday to Friday and 9.00am to 12noon on Saturday, Sunday and Bank Holidays.

The LLR Dental Out of Hours service provides urgent dental care during 6.30pm to 8.00am Monday to Friday and 24 hours at weekends and Bank Holidays. There is an on-call dentist available between 6.30pm to 10.00pm Monday to Friday and 1.00pm to 6.00pm at weekends and Bank Holidays. The Dental Out of Hours service is accessed via 111 and all patients are triaged. The on-call dentist will arrange to see the patient at the Dental Access Centre if it is determined the patient cannot wait until the next day.

The community dental services in Leicestershire and Lincolnshire is concerned with the provision of dental care and enabling the improvement of oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often a combination of a number of these factors. As such care will be provided to patients who have a need beyond the skill set and facilities of a general dental practitioner.

The Special Care Dentistry Services also provides dental treatment under general anaesthesia in secondary care sites with access to critical care facilities (ITU for paediatrics) for children who require multiple extractions, for children with complex health needs who require restorative treatment or for children when it is not possible to provide dental care using alternative treatments methods and for adults with a moderate or severe learning disability that impacts upon their ability to co-operate.

The Lincolnshire special care dentistry service provides a Pain and Anxiety Management services for adults and domiciliary care for house bound patients. Domiciliary care in Leicestershire is limited.

A pre-engagement process for both procurement programmes was undertaken in March 2015 to seek patients' views on dental services in order to shape future services.

The pre-engagement questionnaire for general dental services: urgent care in LLR was concerned with how to improve access to urgent and routine dental treatment and received 254 responses. The themes were:

- In general, there was uncertainty about how to access out-of-hours services and many people were not aware of the Dental Access Centre.
- Of those who responded who used the Dental Access Centre, there was an equal split between people from Leicester and people from Leicestershire, with a smaller number from Rutland, indicating that people are willing to travel some distance for urgent dental care.
- Overall, the data could indicate that there is a patient need for dental services to be available from 8am to 8pm, especially on weekdays.
- Engagement work conducted in offices indicated a strong preference for evening appointments between 5pm and 8pm, and for early morning appointments before 9am. Preferred days were weekdays but also the availability of weekend appointments was desirable for this cohort of workers.

The pre-engagement questionnaire for Special Care Dentistry for Leicestershire and Lincolnshire was seeking views from patients on the service and any areas that required improvement. The initial pre-engagement received 20 responses from the on-line questionnaire. The themes from the initial pre-engagement process were:

- Patients would like extended opening times i.e. before 9.00 am or between 5-8pm.
- 45% of patients are travelling under 10 miles.
- 25% of patients are travelling between 10 to 20 miles.
- 10% of patients are travelling between 20 to 30 miles.
- Majority of patients are being seen within 13 weeks of their referral.
- Patients want continuity of care.
- 5% of patients/carers stated the service exceeded their expectations, 45% are very satisfied with the service, 10% satisfied, 10% either unsatisfied or disappointed and 35% did not respond.
- Would like improvement in accessing domiciliary care for patients in care homes or housebound patients, access to adult dental phobic services and why a patient is being referred into this specialist service.

3. General Dental Services Urgent Care for Leicester, Leicestershire and Rutland Consultation

NHS England will be undertaking a formal consultation process for general dental services: urgent dental care for LLR. The consultation will be seeking patient and public views on the service model to improve access to general dental services: urgent care. The consultation process will commence on 3 August 2015 and will close at midnight on the 1 November 2015. There are two options for consideration, these are:

Option 1: Urgent dental care service

This option will provide urgent dental care services for patients who are not accessing regular NHS dental care with an urgent need or for patients with an urgent need when their practice is closed. The urgent dental care service will be delivered from the Dental Access Centre in Nelson Street, Leicester. This option

will merge the existing Dental Access Centre urgent care service and the Dental Out of Hours service to create a revised urgent care service. The opening times for the revised urgent dental care service will be determined by the consultation process, if this is the preferred option. This option will be funded within the existing financial envelope.

Option 2: 8am to 8pm service providing NHS urgent and routine dental care in two locations

This option is to replace the existing urgent care services (Dental Access Centre and Dental Out of Hours services) with two new practices providing urgent and routine care. The practices will be open from 8am to 8pm, 7 days a week, 365 days a year. The two practices will provide urgent dental care for patients who do not regularly receive dental care, provide urgent dental care for patients when the local practices are closed and provide routine dental care for patients. Patients accessing urgent dental care, who do not regularly receive NHS dental care will be given the opportunity to access regular NHS dental care, however, this is subject to their capacity. The locations for two new practices will be determined by the consultation. Possible locations for this option are one in Leicester city and one in a market town in either Leicestershire county or Rutland. This option requires funding from existing urgent care services and additional investment, which has been identified, if this is the preferred option.

The consultation process will be advertised in libraries, community centres, medical practices, dental practices and pharmacies across LLR. Copies of the consultation document with the questionnaire will be available on-line, hard copies at the Dental Access Centre and patients and public can contact GEM to request a hard copy for completion.

A public meeting for the consultation has been arranged to be held on 7 October 2015 between 6pm to 8pm at the Adult Education Centre in Leicester.

The outcome of the consultation will be considered by NHS England in late November to determine the preferred service model to be commissioned. A dental consultation email account has been established for managing any queries.

NHS England will also be undertaking a further consultation exercise regarding general dental services for Leicester, Leicestershire, Rutland and Lincolnshire for those general dental services contracts that are time limited and require re-procurement and to reflect the outcomes of the oral health needs assessment (subject to financial envelope available for commissioning of additional general dental services). A future briefing paper will be provided to update the Health and Wellbeing Board and Overview and Scrutiny Committees.

4. Special Care Dentistry for Leicestershire and Lincolnshire Pre-engagement

It has been agreed to extend the pre-engagement process for Special Care Dentistry for an additional 6 weeks to enable patients, carers, wider health community and stakeholders the opportunity to provide feedback to assist with improving existing services.

The special care dentistry pre-engagement process will adopt a targeted approach to enable patients, carers and parents accessing the existing Community Dental Services across the Leicestershire and Lincolnshire community clinics to have an opportunity to feedback their views. Stakeholders will be advised of the extended pre-engagement process for special care dentistry to enable them the opportunity to provide feedback. The questionnaire will be available on-line and easy read hard copies will be available in the different community clinics.

It has been agreed to commission special care dentistry for Leicestershire and Lincolnshire and to align the existing services for consistency. The pre-engagement process is to seek views on the existing services and to identify any areas of improvement for consideration.

The new special care dentistry services will continue to be provided from the existing community dental services clinics and staff will be offered the opportunity to TUPE across to maintain continuity of services.

The pre-engagement process for Leicestershire will commence on 17 August 2015 to 25 September 2015. The pre-engagement outcome will be considered by NHS England in November 2015 to agree future commissioning arrangements for special care dentistry services.

5. Procurement Programmes

NHS England will procure new service arrangements from 1 December 2016 for general dental services: urgent care and special care dentistry services. The two procurement programmes will commence in January 2016. New contracting arrangements will be awarded in June 2016, which will enable new provider's an extensive mobilisation period to establish the new service arrangements.

6. Next Steps

We will continue to update the Health and Wellbeing Boards and Overview and Scrutiny Committees on the consultation and pre-engagement outcomes.

NHS England

HAVE YOUR SAY...

...on how urgent dental care could be accessed in the future for Leicester, Leicestershire and Rutland.

Public Consultation:

3 August 2015 - 1 November (midnight) 2015

This document will tell you why we are considering making changes to urgent dental services in Leicester, Leicestershire and Rutland (LLR).

Within this document you will be presented with two possible options of how urgent dental care could be provided in the future.

To complete the survey online go to https://consult-engage.gemcsu.nhs.uk/gemcsu/how-should-urgent-dental-care-be-accessed and submit by midnight on 1 November 2015.

Improving Access to Urgent Dental Care

NHS England is responsible for commissioning NHS dental services to meet local needs. Currently urgent dental care services are provided at the Dental Access Centre (for patients not receiving regular dental care or when patients practice is closed, i.e. Saturday, Sunday and Bank Holiday mornings) in Nelson Street, off London Road, Leicester, LE1 7BA and by the dental out-of-hours service. These services are due to end on 30 November 2016 and a new service will be established from 1 December 2016.

There are several reasons changes to NHS dental services in Leicester, Leicestershire and Rutland (LLR) are necessary.

1 To ensure that we are meeting the demand for NHS dental services for urgent and routine care.

2 To meet the needs of our LLR population.

3 To improve our population dental health.

4 To provide good quality care.

Within this document you will be presented with two possible options of how urgent dental care could be provided in the future. Details can be found on pages 9 to 12.

We hope that you will take part in this public consultation and provide feedback.

This is your opportunity to help us improve NHS urgent dental care services for patients locally. If you wish to speak to us face to face about the options then you are welcome to attend the public meeting on 7 October 2015 from 6pm to 8pm at the Adult Education Centre, 2 Wellington Street, Leicester, LE1 6HL.

How were the two options reached?

To develop the options we reviewed local needs in the 'oral needs health assessment'. An oral health needs assessment is a document providing an overview of the local NHS dental needs. For example, it contains details of the local population profile, what services are currently available, identifies any service gaps and makes recommendations to the commissioning organisation on areas that could improve the oral health of the local population, to inform the development of a commissioning strategy.

We also engaged with residents across LLR through the use of targeted outreach, and promoted an online survey which asked people's opinions about their current experiences of accessing urgent dental care. The survey was promoted in the local media, through key health stakeholders, such as the three Healthwatch teams, through the voluntary and community sectors and by attending face-to-face meetings. We also provided hard copies of the survey to all the NHS dentist practices in Leicester, Leicestershire and Rutland and all of the libraries (3,000 surveys were disseminated in total).

We believe that the following proposals reflect local people's views and needs, that is, to have good quality care, within a reasonable distance and which offers good value for money.

The public consultation is from the **3 August 2015 to midnight on 1 November 2015**.

How to get involved

The questions we would like you to answer are at the end of this document (page 14), along with details on how you can provide feedback.

We can assure you that **no decisions have been made** and **we will use the public consultation feedback when considering and agreeing future service arrangements.**

If you wish to complete the survey online then please go to https://consult-engage.gemcsu.nhs.uk/gemcsu/how-should-urgent-dental-care-be-accessed

The following information will provide you with an overview of how the current services operate, what urgent dental care services actually involve and the current picture of Leicester, Leicestershire and Rutland oral health needs. This will help you to make an informed decision on which option you think will better suit the needs of our population.

Health Needs of the Population of Leicester, Leicestershire and Rutland

Oral Health

Oral health problems include tooth decay, gum disease, tooth loss and oral cancers. Many of the risk factors such as diet, tobacco, alcohol and stress are the same as for many chronic conditions, such as cancer, diabetes and heart disease. As a result, interventions that aim to tackle these risk factors (taking a 'common risk approach') will improve general health as well as oral health.

It is of concern that significant inequalities in oral health exist on a national, regional and local level. People living in deprived communities consistently have poorer oral health than people living in more affluent communities.

Children's Oral Health

- Children in Leicester have some of the worst levels of dental decay in England.
- Children's access to NHS dental services in Leicester City and Rutland is higher than the local and national averages*.
- Children's access to NHS dental services in Leicestershire County is lower than the local and national averages*.
- Despite being largely preventable, tooth decay is the most common oral disease affecting children and young people in England. While children's oral health has improved over the past 20 years, almost a third (27.9%) of five-year-olds still had tooth decay in 2012.

Adult Oral Health

- Adult access to NHS dental services in Leicester City is higher than the local and national averages*.
- Adult access to NHS dental services in Leicestershire County and Rutland is lower than the local and national averages*.

** Based on March 2014 data for routine and urgent dental care.*

Existing Urgent Dental Care Services

What do we mean by NHS urgent dental care services?

NHS dentists are required to see patients with urgent dental care within 24 hours, e.g., same day or next day, subject to capacity and severity of the problem. Urgent dental care services may provide:

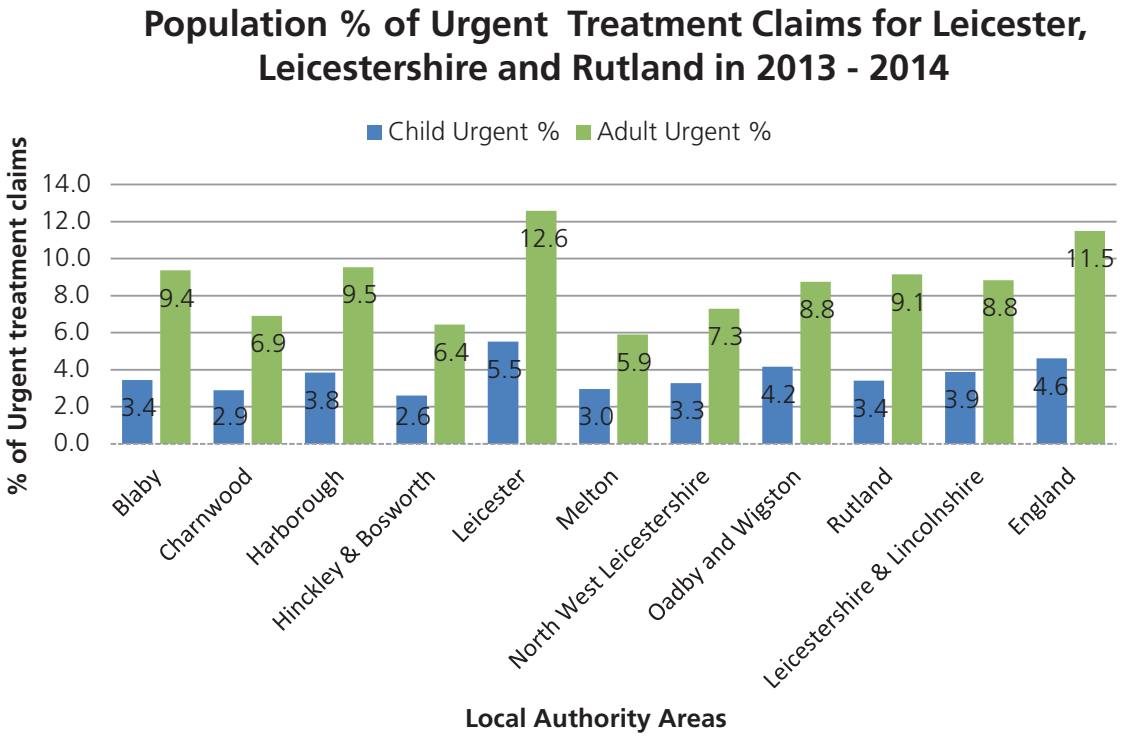
- Advice on managing pain until the patient can be seen by a dentist.
- Antibiotics for infections.
- The offer of an appointment for dental treatment to relieve dental pain, e.g. which may involve tooth extraction, temporary fillings or dressings.
- Sign-posting to access dental services for follow-up routine dental treatment, if required.

Who is accessing urgent dental treatment in Leicester City, Leicestershire and Rutland?

The graph below shows access to NHS urgent dental treatment across the different localities based on urgent treatment claim forms. This graph excludes access to private urgent dental treatment.

Key Points

- Leicester City children and adults accessing urgent dental care are above the national average.
- Leicestershire and Rutland children and adults accessing urgent dental treatment are below the national average.



It is acknowledged that not all patients seek to access regular dental care but access NHS dental services when they have an urgent dental need. Currently patients can access NHS urgent dental care via the following routes:

- NHS dental practices (for patients who receive regular dental care or the practice has capacity to see new patients for an urgent course of treatment)
- Dental Access Centre based in Nelson Street, off London Road, Leicester, LE1 7BA, for patients not receiving regular dental care or when their NHS practice is closed on a Saturday, Sunday and Bank Holiday mornings
- Dental out-of-hours service
- Accident and Emergency (A&E) for patients with dental facial trauma or dental facial swelling who have difficulty in breathing.

Accessing Urgent Dental Treatment Through The Current Service

Leicester's Dental Access Centre

The Dental Access Centre in Nelson Street, Leicester, provides urgent dental care services from 9am to 5pm Monday to Friday, and 9am to 12 noon on Saturday, Sunday and Bank Holidays. However, telephone services are available from 9am to 4.30pm Monday to Friday and 9am to 10.30am at weekends and Bank Holidays. Urgent appointments are available from 9am to 3.30pm (with the first two appointments pre-booked) Monday to Friday. Eighteen appointments are available on Saturday mornings and nine appointments available on Sunday and Bank Holiday mornings. The following points apply to the service:

- This service is for patients who do not receive regular dental care but have an urgent dental need, or for patients with an urgent need when their NHS dental practice is closed on a Saturday, Sunday and Bank Holiday mornings
- All patients who have telephoned or walked in are assessed by a dental nurse
- A dental nurse may provide self-help pain relief advice or signpost patients to their NHS dentist.
- The dental nurse will offer an urgent appointment on the day with a dentist based on their urgent clinical need (subject to appointment availability)
- The Dental Access Centre does not provide routine dental care
- Standard NHS dental charges apply.

Dental Out-of-Hours Service

The dental out-of-hours service operates from 6.30pm to 8am Monday to Friday and 24 hours on Saturday, Sunday and Bank Holidays. The dental out-of-hours service provides urgent dental care via the NHS 111 telephone service:

- For patients within Leicester, Leicestershire and Rutland and temporary residents/visitors to the area
- All patients who contacted NHS 111 will be assessed by a call handler
- The call handler or nurse may provide self-care advice to manage pain and advise patients to contact their dentist the next day for an urgent appointment
- Forward the patient details to the on-call dentist
- On-call dentist will contact patients and may offer advice or book urgent appointments to see them either at the Dental Access Centre or at their practice
- May advise patients to attend A&E in exceptional circumstances.

Standard NHS charges apply for provision of urgent dental care at the Dental Access Centre and the dental out-of-hours' service.

When to use Accident and Emergency (A&E) Services

YOU SHOULD ONLY GO TO A&E FOR DENTAL PROBLEMS IF…

1. You have suffered facial trauma to the teeth and jaw.
2. You have swelling around the eye or swelling resulting in difficulty swallowing. This may indicate an acute infection which could make breathing difficult.
3. You have uncontrollable haemorrhaging (escape of blood from a ruptured blood vessel).
4. Avulsed permanent teeth (children/adult with knocked out teeth. These need to be re-fitted within one hour and stabilised and then followed up by a dentist).

Patients **SHOULD NOT attend A&E** for **assistance with urgent dental care** that does not meet the above criteria or attend Urgent Care Centres or GPs for antibiotics prescriptions for managing dental pain or infection.

The Urgent Dental Care Services Opening Times

Monday to Friday

<table>
<tr><th></th><th>9am to 5pm</th><th>5pm to 6.30pm</th><th>6.30pm to 10pm</th><th>10pm to 8am</th></tr>
<tr><td>Dental Access Centre (DAC)
Urgent dental care for patients not receiving regular dental care</td><td>All telephone and walk-in patients are assessed. Patients are:
given self-help advice
sign-posted to their dentist
booked an urgent appointment.</td><td>NO SERVICE AVAILABLE</td><td>SERVICE IS CLOSED</td><td>SERVICE IS CLOSED</td></tr>
<tr><td>NHS 111

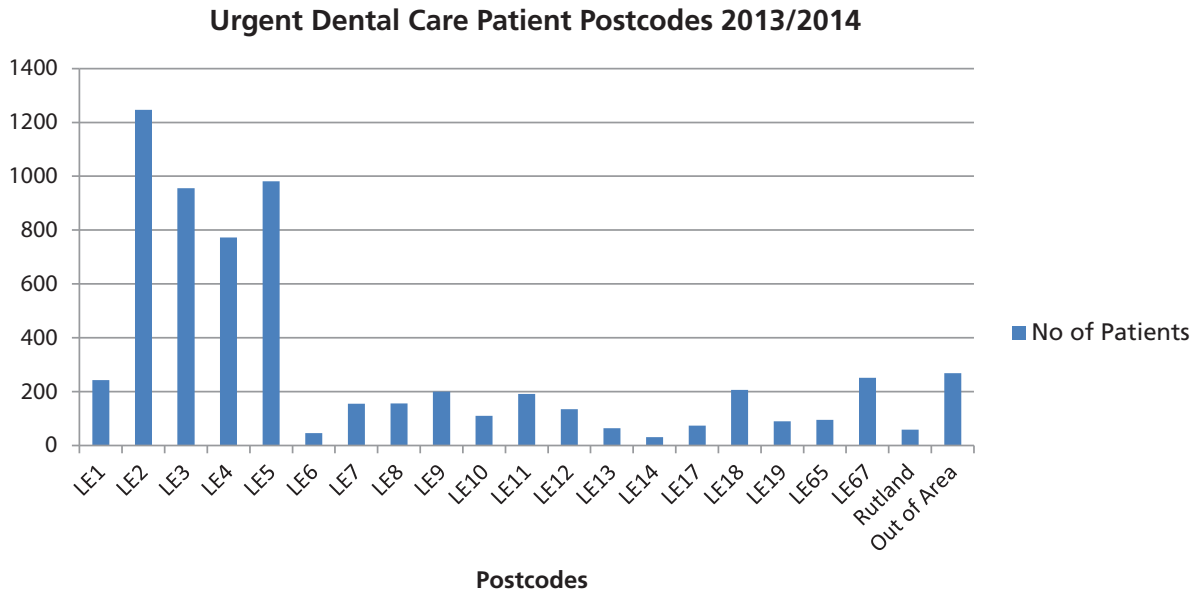
Dental Out-of-Hours Service</td><td colspan="2">Patients telephone NHS 111 for urgent dental care. Assessed patients are:
given self-help advice to manage pain and advised to contact their dentist or the DAC (if not receiving regular dental care).</td><td colspan="2">Patients telephone NHS 111 for urgent dental care. Assessed patients are:
gives self-help advice to manage pain over-night and advised to contact their dentist or the DAC (if not receiving regular dental care) the next day.
forward contact details to on-call dentist.</td></tr>
<tr><td>Out-of-Hours on-call Dentist</td><td>SERVICE IS NOT AVAILABLE</td><td>NO SERVICE AVAILABLE</td><td>On call dentist will contact patient:
provide pain relief advice
arrange to see patient at DAC or at own practice</td><td>SERVICE IS CLOSED</td></tr>
</table>

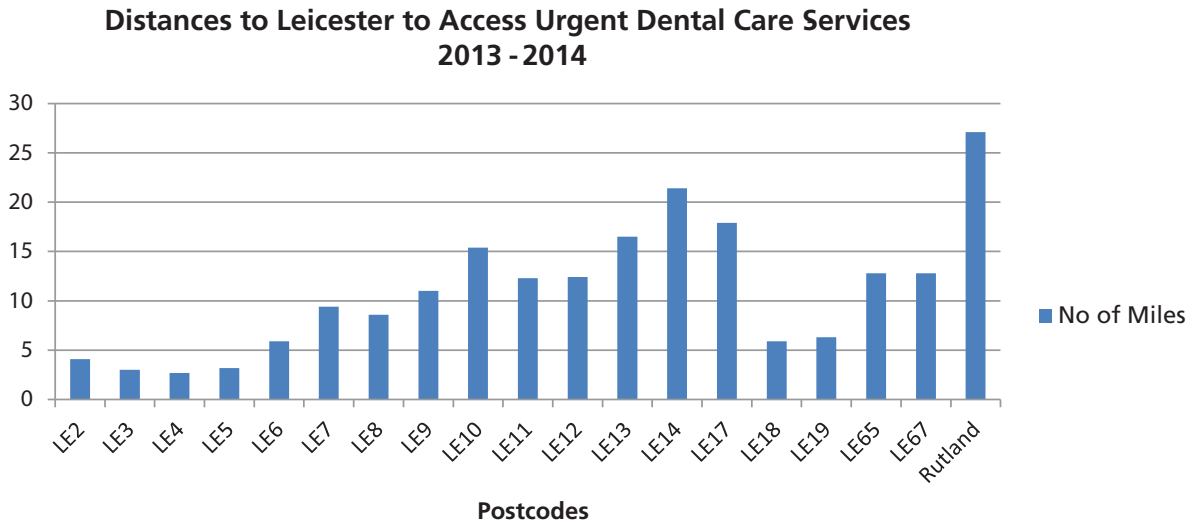
Saturdays, Sundays and Bank Holidays

	9am – 12 noon	12 noon – 1pm	1pm – 6pm	6pm – 9am
Dental Access Centre (DAC) Urgent dental care for patients not receiving regular dental care	All telephone and walk-in patients are assessed. Patients are: • given self-help advice • sign-posted to a dentist • booked an urgent appointment.	**SERVICE IS CLOSED**	**SERVICE IS CLOSED**	**SERVICE IS CLOSED**
NHS 111 **Dental Out-of-Hours Service**	Patients telephone NHS 111 for urgent dental care. Assessed patients are: • given self-help advice to manage pain over-night and advised to contact their dentist or the DAC (if not receiving regular dental care) the next day • forwarded contact details to on-call dentist.			
Out-of-Hours on-call Dentist	**SERVICE IS NOT AVAILABLE**	**SERVICE IS NOT AVAILABLE**	On call dentist will contact patient: • provide pain relief advice • arrange to see patient at DAC or at own practice	**SERVICE IS NOT AVAILABLE**

Patients Accessing Urgent Dental Care in Leicester, Leicestershire and Rutland

The graphs below detail patients' postcodes and distance travelled to access current urgent dental care services at the Dental Access Centre and the dental out-of-hours' service.
The graphs show that the patients across Leicester, Leicestershire and Rutland are using NHS urgent dental care services and are willing to travel to access care.





Why is change needed?

NHS England has undertaken a review of the urgent care dental services for Leicester, Leicestershire and Rutland to plan new dental services. To assist with planning for the future we have refreshed our oral health needs assessment for our local population to inform future service decisions.

The service review has identified the following:

1. There are gaps in service, i.e. 5pm to 6.30pm Monday to Friday, between the closure of NHS dental practices/Dental Access Centre and dental out-of-hours services and 12 noon to 1pm on Saturday, Sundays and Bank Holidays between the closure of the Dental Access Centre and dental out-of-hours' service, as shown in the urgent dental care opening hours details on pages 6 and 7.
2. Dental Access Centres were originally established to improve access to urgent dental care as a short-term solution only.
3. Evidence supports the need to improve access and capacity to urgent dental care to meet our population needs.
4. Our pre-engagement feedback indicates that patients would like access to extended opening hours, e.g. early morning, evening and weekend appointments.
5. Evidence that patients are having difficulties in accessing urgent dental care from local NHS dental practices.
6. Routine dental care is not provided by the Dental Access Centre and patients who require routine treatment after receiving urgent treatment, e.g. to replace a temporary filling have to be signposted to routine care from an alternative NHS dental service.
7. The Dental Access Centre surgeries are not fully utilised, e.g. out of four dental surgeries: up to two are used for urgent care, one is dedicated for the out-of-hours service only, and one is not utilised.
8. There is a requirement to meet procurement law and competition guidance for securing future NHS service providers when current arrangements and contract terms cease.
9. There is a requirement to demonstrate value for money.

Proposed Changes and Options

The following options look at how we can deliver NHS Dental Services to make more effective use of the resources available to us.

There are two options to improve access to urgent care dental services.

Please Note: **This public consultation is not about making cuts and/or saving money.**

It is about providing access to the right care, in the right place, when patients need it, while ensuring the money available does all of those things as effectively as possible.

OPTION ONE: Urgent Care Dental Service

Merge the existing Dental Access Centre and dental out-of-hours services with revised opening times. The service would be delivered from the Dental Access Centre in Nelson Street, (off London Road, Leicester, LE1 7BA).

The service would provide:

- Urgent dental care to patients who are not receiving regular dental care or for patients who could not be seen at an NHS dental practice
- Opening hours to be determined from the consultation feedback
- Patients requiring urgent dental care would be assessed by dental nurses
- Patients would be given advice on managing pain, signposted to contact their dentist (if they have one) or advised on how to access regular NHS dental care
- Offered an urgent dental appointment on the same day or next day (subject to capacity)
- Standard NHS patient charges would apply, e.g. £18.80 for an urgent course of treatment
- The NHS 111 service would continue to provide self-help pain relief advice out of hours when the service is closed.

Positive	Negatives
• Maintaining access to urgent care for patients who are not receiving regular dental care, patients with an urgent need when their NHS practice is closed and out of hours' services • Central location in Leicester with good public transport links • Improve cover arrangements as existing arrangements revised into one service • Short travelling distances for the majority of patients accessing the existing services.	• Not all assessed patients requiring an urgent appointment would be seen (dependent on capacity) • Service will not provide routine NHS dental treatments • Patients would need to seek alternative NHS dental treatment for follow-up routine care after urgent treatment • Long travelling distances for patients who live in Leicestershire county and Rutland • Premises not fully utilised • High premises costs • Service to be provided within existing funding arrangements.

Frequency Asked Questions: Option One

1. Will I have to pay for urgent NHS dental care services?

It will depend on whether you meet the NHS dental services patient charges exemption criteria. If you meet the exemption criteria then your NHS treatment will be free. If you do not meet the exemption criteria, then you will be required to pay £18.80. Please note each NHS urgent appointment is classed as one complete course of treatment to manage your urgent dental need. Details of NHS dental charges and exemptions are available on the NHS Choices website at http://www.nhs.uk/NHSEngland/AboutNHSservices/dentists/Pages/nhs-dental-charges.aspx

2. How can I access urgent dental care?

You can contact the Dental Access Centre during their opening hours. Please note that all patients who telephone or walk in will be assessed. When the Dental Access Centre is closed, you will need to contact the NHS 111 service. The NHS 111 service will either provide advice on managing dental pain overnight, signpost you to your dentist the next day (if you have one), or advise you to contact the Dental Access Centre the next day or in exceptional circumstances you may be advised to attend A&E.

3. Will I be assessed before being offered an urgent dental appointment?

Yes, all patients will be assessed by a dental nurse and will offer an urgent appointment on the same or next day, based on your clinical need. This will also be subject to the availability of urgent appointments.

4. Will this option provide longer opening hours to access NHS urgent dental care?

Yes, the pre-engagement survey has indicated patients would like longer opening hours to NHS urgent dental care services. The extended opening hours are to be determined based on the consultation outcome. Please refer to consultation survey questions on page 14 to see available options of when these times could potentially be, based on your choice.

5. Can I access follow-up NHS routine care?

No, this option will only provide access to NHS urgent dental care services for patients. If you require further routine dental care, then you would need to seek an alternative NHS dental practice. NHS Choices has details of which NHS dental practices are taking on new NHS patients at www.nhs.uk. Alternatively you can contact Healthwatch on 0116 251 8313 for Leicester, 0116 257 4999 for Leicestershire and 01572 720381 for Rutland.

6. Will I be able to become a NHS patient?

No, this is not available under this proposed service option. Please see number 5 above on how to find a NHS dentist.

OPTION TWO: Creating a New NHS Urgent and Routine Dental Care Service (8am to 8pm, 7 days a week, 365 days of the year)

To establish two new dental practices providing urgent and routine dental care to patients from 8am to 8pm, seven days a week, 365 days a year, including all Bank Holidays. When local practices are closed, the sites will provide urgent care services. The creation of the new practices is based on the oral health needs assessment and the review of existing contracting arrangements.

This service would provide:

- Access to urgent dental care
- Access to urgent dental care for patients outside their normal dental practice opening hours
- Routine dental care to urgent care patients (subject to practice capacity to take on new patients)
- Service available between 8am to 8pm, seven days a week, 365 days a year
- Urgent care patients to be assessed
- An urgent dental appointment on the same day or next day (subject to capacity)
- Normal NHS patient charges would apply, e.g. £18.80 for an urgent course of treatment
- The NHS 111 service would continue to provide self-help pain relief advice out of hours when the service is closed, sign-posting to NHS dental practices that have capacity and may advise patients to attend A&E in exceptional circumstances.

New Service Locations

Possible locations of these practices could be based centrally within Leicester City and one in a market town within Leicestershire County/Rutland. A question in the survey on this option (page 15) allows you to provide possible locations of where the practices could be.
The consultation feedback will be considered with the oral health need assessment to determine the locations.

Positive	Negatives
• Improves NHS dental access • Longer opening times, which are more convenient for patients • Provide more capacity/appointments to meet patient needs • Provides urgent and routine dental care • The service to be delivered across two locations • Reduce travelling distances for patients (depending on location) • Service contactor provides premises • Improved links with NHS 111 service and other urgent care providers • Engagement shows patients would appreciate the flexibility of more than one location for urgent care • Demonstrates value for money.	• The existing Dental Access Centre and Dental Out-of-Hours services would cease • Additional investment required to help establish the 8am to 8pm practices • Potential close down of the Dental Access Centre if unable to lease the premises.

Frequently Asked Questions: Option Two

1. Will I have to pay for urgent NHS dental care services?

It will depend on whether you meet the NHS dental services patient charges exemption criteria. If you meet the exemption criteria then your NHS treatment will be free. If you do not meet the exemption criteria, then you will be required to pay £18.80. Please note each NHS urgent appointment is classed as one complete course of treatment to manage your urgent dental need. Details of NHS dental charges and exemption criteria are available on the NHS Choices website at
http://www.nhs.uk/NHSEngland/AboutNHSservices/dentists/Pages/nhs-dental-charges.aspx

2. How can I access urgent dental care?

You can contact NHS dental practices directly or call 111 for pain relief advice and be signposted to an NHS dental practice or look at NHS Choices to check which NHS dental practices have capacity to see new patients, or contact Healthwatch on 0116 251 8313 for Leicester, 0116 257 4999 for Leicestershire and 01572 720381 for Rutland.

The new dental practices will be open from 8am to 8pm, seven days a week, 365 days a year. They will assess patients to understand their clinical need and will either book an urgent appointment the same day or next day or provide pain relief advice until they can be seen by a dentist.

If you require urgent dental care when the 8am to 8pm practices are closed, you will need to call NHS 111. The NHS 111 service will provide advice on managing pain overnight and signpost to your dentist the next day (if you have one), or advise you to contact an NHS dental practice the next day, or in exceptional circumstances you may be advised to attend A&E.

3. Will I be assessed before being offered an urgent NHS dental appointment?

Yes, all patients will be assessed by a dental professional and will be offered an appointment on the same or next day based on urgent clinical need.

4. Will this option provide longer opening hours to access NHS urgent dental care?

Yes, this option will provide access to NHS urgent dental care from 8am to 8pm, seven days a week, 365 days a year.

5. Can I access follow-up NHS routine care?

Yes, patients will be given the choice to have NHS routine dental care at the same practice (this is subject to the practices capacity).

6. Will I have the opportunity to become a NHS patient?

Yes, you will be given the choice to become a NHS patient at the practice, however, this is subject to their capacity. NHS dental practices' capacity to see new patients will vary. Under this proposed option, the practices will be able to see and treat NHS patients. Please note that NHS patient charges are applicable where patients do not meet the NHS dental patient charges exemption criteria. NHS dental charges vary depending on the type of dental treatment required. The NHS dental charges are £18.80 for Band 1 treatment (examination, diagnosis, advice or urgent care), £51.30 for Band 2 treatment (fillings, extractions and root canal fillings) and £222.50 for Band 3 treatment (complex treatment, i.e. dentures, crowns, bridges). You will only ever be asked to pay one charge for each complete course of treatment, even if you need to visit your dentist more than once to finish it. Details of NHS dental charges, exemption criteria and treatment under each band are available on the NHS Choices website at
http://www.nhs.uk/NHSEngland/AboutNHSservices/dentists/Pages/nhs-dental-charges.aspx

Engagement Outcomes

The pre-public consultation survey in Leicester, Leicestershire and Rutland (LLR) was concerned with how to improve access to urgent and routine dental treatment. In total 254 responses were received. The survey was available online and over 3,000 surveys where disseminated into all LLR dental practices and libraries. Outreach was also conducted in many of the main supermarkets as well as at focused meetings with seldom heard groups.

- In general, there was uncertainty about how to access out-of-hours services and many people were not aware of the Dental Access Centre
- Of those who responded who used the Dental Access Centre, there was an equal split between people from Leicester and people from Leicestershire, with a smaller number from Rutland, indicating that people are willing to travel some distance for urgent dental care
- Overall, the data could indicate that there is a patient need for dental services to be available from 8am to 8pm, especially on weekdays
- Engagement work conducted in offices indicated a strong preference for evening appointments between 5pm and 8pm, and for early morning appointments before 9am. Preferred days were weekdays but also the availability of weekend appointments was desirable for this cohort of workers.

About this Consultation

Cabinet Office Code of Practice on Consultation This consultation is being carried out in accordance with the guidelines published by the Cabinet Office on 17 July 2012, and available at: www.gov.uk/government/publications/consultation-principles-guidance
If you would like to talk to someone about how this consultation has been put together and delivered, please contact NHS England Central Midlands Primary Care Dental Commissioning Team, telephone 0113 824 9522, email england.leiclincsdentalconsultation@nhs.net

THANK YOU

Thank you for taking the time to read this document. We hope it gives you a clearer understanding of why we are proposing changes to urgent dental care services in Leicester, Leicestershire and Rutland. By working together we can help these valuable services evolve, to meet the changing needs of local people and remain a vital part of your NHS. Please can you take a few minutes to complete the attached questionnaire?

If you wish to complete the survey online then please go to:
https://consult-engage.gemcsu.nhs.uk/gemcsu/how-should-urgent-dental-care-be-accessed

Access to NHS Dental Services for Leicester, Leicestershire and Rutland Questionnaire

Your views are important to us to help develop dental services for Leicester, Leicestershire and Rutland.

Q1. Have you used urgent dental care services in the last 12 months?

Yes ☐ No ☐

Q2. Where did you access urgent dental care services?

☐ NHS Dental Practice
☐ Dental Access Centre
☐ Dental Out-of-Hours Service
☐ Private Dentist
☐ Other, please give details:

.....

.....

Q3. The two options described in this document highlight how services can be provided in the future. Which of these options do you feel would most meet the future needs of patients in Leicester, Leicestershire and Rutland? *(please tick one)*

☐ Option One: Urgent Dental Care Service with revised opening times from the existing Dental Access Centre based in Leicester

☐ Option Two: 8am to 8pm Service providing urgent and routine dental care in two locations, seven days a week, 365 days a year

If choosing Option One please tick the time you would like the Urgent Dental Care services to be available:

☐ Existing opening times (9am – 5pm Monday to Friday, 9am - 12noon Saturday, Sunday and Bank Holidays with an on-call dentist 6.30pm-10pm Monday to Friday and 1pm-6pm at weekends and Bank Holidays)

☐ 9am-6.30 pm Monday to Friday, 9am-6pm Saturday, Sunday and Bank Holidays

☐ 9am-7pm Monday to Friday and 9am-6pm on Saturday, Sunday and Bank Holidays

☐ Other, please state below:

.....

.....

If choosing Option Two Urgent and Routine Dental Care, please indicate where you would like the new potential service(s) to be located, e.g. if one is in Leicester City, in which market town in Leicestershire County/Rutland should the other be?

☐ Loughborough ☐ Melton Mowbray ☐ Hinckley ☐ Oakham

☐ If other, please state below

.....

.....

Q4. Why did you choose this option?

☐ Location ☐ Good public transport links ☐ Better access

☐ If other, please state below

Q5. Overall how satisfied are you with how you have been consulted?

☐ Very Satisfied ☐ Satisfied ☐ Neither satisfied or dissatisfied

☐ Dissatisfied ☐ Very Dissatisfied

Q6. Do you have any further comments about the consultation process?

Q7. If you would like to comment on ways to improve access to NHS dental services, please use the space below.

EQUALITIES MONITORING

NHS England recognises and actively promotes the benefits of diversity and is committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that our services are designed for the population we serve, we would like you to complete the short monitoring section below. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties.

1. Are you responding?

On behalf of an organisation?

☐ Yes ☐ No

If yes, please state the name of the organisation

.....

If no, and you are responding as an individual, please complete the rest of the questionnaire to help our equalities monitoring

2. Which area do you live?

☐ Leicester City
☐ Leicestershire County - Blaby District
☐ Leicestershire County - Charnwood Borough
☐ Leicestershire County - Harborough District
☐ Leicestershire County - Hinckley and Bosworth Borough
☐ Leicestershire County - Melton Borough
☐ Leicestershire County - North West Leicestershire District
☐ Leicestershire County - Oadby and Wigston Borough
☐ Rutland County
☐ Don't know
☐ Other (please specify)

.....

3. What is your full postcode? This will allow us to see how far people travel to use services

.....

4. What is your gender?

☐ Male ☐ Female ☐ Transgender ☐ Prefer not to say

5. If female, are you currently pregnant or have you given birth within the last 12 months?

☐ Yes ☐ No ☐ Prefer not to say

6. What is your age?

☐ Under 16 ☐ 16-24 ☐ 25-34 ☐ 35-59 ☐ 60-74 ☐ 75+ ☐ Prefer not to say

7. What is your ethnic group?

☐ Asian or Asian British
☐ Black or Black British
☐ Chinese
☐ Mixed dual heritage
☐ White or White British
☐ Gypsy/Romany/Irish traveller
☐ Arab
☐ Prefer not to say
☐ Other (please specify) .....

8. Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

☐ Long-term physical or mental-ill-health/disability
☐ Problems related to old age
☐ No
☐ I'd prefer not to say
☐ Other, please describe: .....

9. Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months? *(Please select all that apply)*

☐ Vision (such as due to blindness or partial sight)
☐ Hearing (such as due to deafness or partial hearing)
☐ Mobility (such as difficulty walking short distances, climbing stairs)
☐ Dexterity (such as lifting and carrying objects, using a keyboard)
☐ Ability to concentrate, learn or understand (Learning Disability/Difficulty)
☐ Memory
☐ Mental ill-health
☐ Stamina or breathing difficulty or fatigue
☐ Social or behavioural issues (for example, due to neuro diverse conditions such as autism, attention deficit disorder or Aspergers' syndrome)
☐ No
☐ Prefer not to say
☐ Any other condition or illness, please describe: .....

10. What is your sexual orientation?

☐ Bisexual ☐ Heterosexual/straight ☐ Gay ☐ Lesbian ☐ Prefer not to say

☐ Other (please state).....

11. Are you:

☐ Single – never married

☐ Co-habiting – Living as a couple

☐ Married/civil partnership

☐ Separated (still married)

☐ Divorced

☐ Widowed

☐ Prefer not to say

☐ Other (please specify) .....

12. What is your religion and belief?

☐ No religion

☐ Baha'i

☐ Buddhist

☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

☐ Hindu

☐ Jain

☐ Jewish

☐ Muslim

☐ Sikh

☐ Prefer not to say

☐ Other (please specify) .....

Thank you for taking the time to complete this questionnaire. The results of this questionnaire will help support NHS England when they are looking at dental services provided to patients.

Please send it to:
Primary Care Commissioning Team
NHS England
Freepost Business reply
RRUE-JRBR-RGGT
Fosse House
6 Smith Way
Enderby
Leicestershire
LE19 1SX

Questionnaires should be returned by midnight on 1 November 2015.

Other languages and formats

We can provide versions of this leaflet in other languages and formats such as Braille and large print on request. Please contact the Engagement and Involvement department, telephone 0116 295 4183

Somali

Waxaan ku siin karnaa bug-yarahaan oo ku qoran luqado iyo habab kale sida farta indhoolaha Braille iyo daabacad far waa-wayn markii aad soo codsato. Fadlan la soo xiriir qaybta Ka-qaybgalka iyo Dhex-gelidda, lambarka telefoonka waa **0116 295 4183**

Polish

Jeżell chcleliby Państwo otrzymać kopię niniejszej ulotki w tłumaczeniu na język obcy lub w innym formacie, np. w alfabecie Braille'a lub w powiększonym druku, prosimy skontaktować się telefonicznie z zespołem ds. zaangażowania (Engagement and Involvement) pod numerem telefonu **0116 295 4183**

Cantonese

如有要求，我們可以將本宣傳手册用其他語言或格式顯示，如盲文或大號字體。請致電我們的"參與部門" (Engagement and Involvement Department) **0116 295 4183**

Gujarati

આ પત્રિકાનાં સંસ્કરણો અમે અન્ય ભાષાઓ અને સ્વરૂપોમાં જેમ કે બ્રેઇલ અને મોટી પ્રિન્ટમાં વિનંતી કરવાથી પૂરાં પાડી શકીશું. કૃપા કરી એન્ગેજમેન્ટ એન્ડ ઇન્વોલ્વમેન્ટ ડિપાર્ટમેન્ટનો, ટેલીફોન **0116 295 4183** પર સંપર્ક કરો.

Hindi

अनुरोध किए जाने पर हम आपको इस सूचना-पत्र के संस्करण अन्य भाषाओं और स्वरूपों में प्रदान कर सकते हैं जैसे ब्रेल और बड़ा प्रिंट। कृपया टेलीफ़ोन **0116 295 4183** पर एंगेज़मेंट एंड इन्वॉल्वमेंट डिपार्टमेंट से संपर्क करें।

Arabic

يمكننا تقديم نسخ أخرى من هذه النشرة بلغات أو تنسيقات أخرى مثل برايل أو الأحرف الكبيرة حسب الطلب. برجاء الاتصال بقسم المشاركة والانخراط على هاتف رقم **0116 295 4183**

Urdu

طلب کرنے پر ہم اس کتابچے کا ترجمہ دیگر زبانوں اور صورتوں مثلاً بریل یا بڑے حروف میں بھی فراہم کرسکتے ہیں۔ براہ کرم انگیجمینٹ اینڈ انوالمینٹ ڈپارٹمنٹ سے اس نمبر پر رابطہ کریں **0116 295 4183**

Punjabi

ਅਸੀਂ ਇਸ ਕਿਤਾਬਚੇ ਦੇ ਸੰਸਕਰਨ ਬੇਨਤੀ ਕਰਨ ਤੇ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਅਤੇ ਫਾਰਮੇਟਾਂ ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਪ੍ਰਦਾਨ ਕਰ ਸਕਦੇ ਹਾਂ। ਕਿਰਪਾ ਕਰਕੇ ਐਂਗੇਜ਼ਮੈਂਟ ਅਤੇ ਇਨਵੋਲਵਮੈਂਟ ਵਿਭਾਗ (Engagement and Involvement Department) ਨੂੰ ਸੰਪਰਕ ਕਰੋ, ਟੈਲੀਫੋਨ **0116 295 4183**

Bengali

আপনার অনুরোধে আমরা এই লিফলেট এর সংস্করণ অন্যান্য ভাষায় এবং ব্রেইল ও বড় হরফে প্রদান করতে পারি. অনুগ্রহ করে সংশ্লিষ্টতা এবং সম্পৃক্ততা বিভাগ এর সাথে যোগাযোগ করুন, টেলিফোন **0116 295 4183**

Appendix D

LEICESTER CITY HEALTH AND WELLBEING BOARD
27 OCTOBER 2015

Subject:	Proposal for a new Primary Health Service for Leicester City Care Home Residents
Presented to the Health and Wellbeing Board by:	Sue Lock, Managing Director
Author:	Clive Nixon, Contract Project Manager.

EXECUTIVE SUMMARY:

Leicester City Clinical Commissioning Group (LCCCG) is currently undertaking work to determine the optimum model of care for residents of care homes within the city boundary. Patients in care homes are the most medically complex and frail in the community. They sit at a complex interface between many different agencies such as primary care, acute care, community care, mental health, palliative care and statutory services. This often results in unnecessary admissions to hospital, lack of co-ordinated care and gaps in service provision.

The CCG is working on a proposal to establish a new multi-disciplinary primary care service to serve this cohort of patients.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

Receive this report on the Care Homes Primary Care Service Project and note progress.

Care Homes Primary Care Service

National background and evidence

1. Patients in care homes are the most medically complex and frail in the community. They sit at a complex interface between many different agencies such as primary care, acute care, community care, mental health, palliative care and statutory services. This often results in unnecessary admissions to hospital, lack of co-ordinated care and gaps in service provision.

2. The median period of survival from admission to a care home to death is 15 months. So care for these residents should largely be holistic and palliative. Instead, they tend to get reactive and acute care, with little continuity.

3. The issues relating to care home residents have been highlighted by a number of significant bodies. The complex needs of this group were highlighted in a British Geriatric Society paper –'Quest for quality', this showed:

    - 2/3 of care home residents are either immobile or need assistance with mobility;
    - 4/5 have dementia or other mental health impairment;
    - 2/3 live with urinary or faecal incontinence or both.

4. Another study (Chums report) showed that medication errors were more common than in the community, with around 2/3rds of residents being subject to medication errors.

5. A Nuffield Trust report showed that older people in care homes have 40-50% higher rate of acute admission and Accident and Emergency attendance, with fewer routine outpatient appointments than those that live in the community.

6. 'Failing the frail', a joint report by the BGS and CQC , highlighted important gaps in service provision and the inconsistent approach to providing care for care home residents. Gaps included medication reviews, care planning, access to normal primary care services and specialist mental health support. Too many patients were admitted to hospital, especially at the end of their lives.

7. Other studies have shown that proactive medical reviews and more responsive support for care home residents can reduce emergency admissions.

8. The Care Quality Commission ('State of Care Report' 2012/13), highlighted a number of issues in many care homes. These included risk, safety, safeguarding, medicines management and basic care.

9. A 'Pulse' survey in 2010 showed that 68% of GPs reported that care home work was a 'major source of stress', and 61% felt existing arrangements were unsatisfactory.

Local context

10. In Leicester City, there are around 2660 people living in 107 care homes, representing approximately 1.2% of the city population. Yet they account for around 8% of the acute admissions. There is an uneven distribution of residents between practices; with some practices having none to some with over 200. They account for a disproportionate amount of GP time, in one practice, where care home residents form 2% of the total list, they account for 50% of the visits.

11. Care home managers often struggle to register patients with GP practices due to lack of capacity. Moreover, individual care homes will have multiple GP surgeries visiting (in one home there were 5 GP practices with patients; each practice having around 4 GPs, making a combination of 20 different GPs who could be visiting patients).

12. There are around twenty five external services that directly input into care homes. Some of these are specific for care homes, such as a care home pharmacist; care home district nurse service; and the mental health in reach team, but these services are not well integrated with primary care.

Improving care for this cohort of patients

13. In order to address the issues mentioned above, the CCG is working on a proposal to improve the quality of care to residents of care homes within the city boundary. This would be a multi-disciplinary primary care service that can provide targeted and specialist input into the care of this cohort of patients.

13. The multi-disciplinary approach is aimed at ensuring care for the patient is better co-ordinated, there is a continuity of care for the patient, more specialist support leading to enhancements in care, more end of life patients will die in their normal place of residence and minimises the need to be admitted to hospital unnecessarily.

14. Engagement has taken place with care home patients and care home managers. Both were very supportive of developing more joined up services for this cohort of patients.

15. The exact form of the new service is currently under consideration and will be subject to a Business Case approval by Leicester City Clinical Commissioning Group's Governing Body either late 2015 or within the first quarter of 2016.

Recommendation

The Health and Wellbeing Board is requested to:

Receive this report on the Care Homes Primary Care Service Project and note progress.

Appendix E

LEICESTER CITY HEALTH AND WELLBEING BOARD
27 OCTOBER 2015

Subject:	0-19 Healthy Child Programme Update
Presented to the Health and Wellbeing Board by:	Ruth Tennant, Director of Public Health
Author:	Clare Mills, Lead Commissioner (Healthy Child), Public Health

EXECUTIVE SUMMARY:

The Healthy Child Programme (HCP) is a universal public health programme for improving the health and wellbeing of children and young people. It is currently delivered by two separate programmes:

- HCP 0-5 years is delivered by the Health Visiting and Family Nurse Partnership services
- HCP 5-19 years is delivered by the School Nursing service

Both elements are provided by Leicestershire Partnership NHS Trust.

Leicester City Council now has the opportunity to integrate elements of the HCP programmes to ensure better service provision. Integration will enable the provision of a strong comprehensive offer to children and young people, while ensuring value for money and making commissioning decisions based on the best available evidence.

The impact of an effective 0 – 19 HCP will be seen and measured through outcomes and indicators including; life expectancy, school readiness, domestic abuse, breastfeeding, smoking prevalence at age 15, excess weight in 4-5, 10 –11 year olds and adults, tooth decay in children aged 5 and self reported wellbeing.

In preparation for recommissioning the integrated HCP 0-19 years, a full review of the current HCP programmes has been carried out. The review findings will inform the development of the specification for the new 0 – 19 integrated healthy child programme for Leicester.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to: note plans for the recommissioning of the 0-19 Healthy Child Programme and to develop further alignment of this programme with the Council's Early Help Offer.

Health and Wellbeing Board Briefing

0-19 Healthy Child Programme update

Lead director: Ruth Tennant

Ward(s) affected: All

Report author: Clare Mills, Lead Commissioner (Healthy Child), Public Health

Author contact details: clare.mills@leicester.gov.uk

1.0 Purpose of Briefing

To provide the Health and Wellbeing Board with a briefing on the transfer of the 0-5 Healthy Child Programme (Health Visiting and Family Nurse Partnership) and on proposals for the development of an integrated 0-19 Healthy Child Programme.

2.0 Background

The Healthy Child Programme (HCP) is a universal public health programme for improving the health and wellbeing of children and young people. It is currently delivered by two separate programmes:

- HCP 0-5 years is delivered by the Health Visiting and Family Nurse Partnership services
- HCP 5-19 years is delivered by the School Nursing service

Both elements of the HCP programmes described above are currently provided by Leicestershire Partnership NHS Trust.

The Healthy Child Programme works within a framework of 4 levels of universal review and screening, health promotion and early intervention for infants, children, young people and their families that promotes optimal health and wellbeing with safeguarding being an integral element.

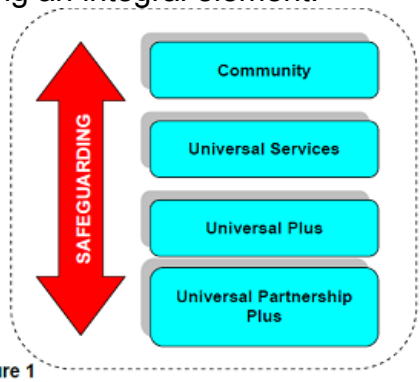


Figure 1

The levels of service provision are outlined below.

COMMUNITY: The needs of local communities are understood through the mapping of the range of services provided for and by communities. Health visitor and school nursing teams work to develop services with communities.

UNIVERSAL: Provision of the Healthy Child Programme to every child in the city, from antenatal visits to the pre-school check. Also provides additional support for parents and access to a range of community services and resources.

UNIVERSAL PLUS: Evidence-based care packages and rapid response from health visiting and school nursing teams when expert help is required.

UNIVERSAL PARTNERSHIP PLUS: On-going support provided plus co-ordination of care with a range of local services working together to deal with more complex issues over a longer time.

Leicester City Council has been responsible for commissioning the HCP 5-19 years since April 2013 and has taken over commissioning responsibility for the HCP 0-5 years from October 2015.

Leicester City Council now has the opportunity to integrate elements of the HCP programmes to ensure better service provision. Integration will enable the provision of a strong comprehensive offer to children and young people, while ensuring value for money and making commissioning decisions based on the best available evidence.

There is also an opportunity to jointly plan the HCP with the Council's Early Help offer. Joint planning will allow us to avoid duplication and gaps in service provision and ensure we get the best value and quality from our services for our children, young people and families.

2.1 Service provision

Over recent years we have seen an almost doubling of health visitor numbers in Leicester to 130 whole time equivalent health visitors, (this number incudes health visitors in specialist and managerial roles), plus community nursery nurses. As well as the generic health visitors who provide a universal service based on five mandated contacts, there are specialists practitioners working to support infant feeding, children with additional needs and with homeless and asylum seeker children, young people and families.

The family nurse partnership provides part of Leicester's response to improving outcomes for vulnerable groups. Family nurses form part of the health visiting service (universal partnership plus) and provide an intensive programme with a firm evidence base to first time teen parents.

The school nursing service has recently undergone a recruitment drive to ensure an enhanced offer is provided to Leicester's schools. The service includes the universal national childhood measurement programme, development of school health profiles, health clinics providing confidential one to one advice on a range of topics, along with health websites designed by and for children and young people and an on line confidential health advice service.

2.2 Key outcomes and performance

We have high ambitions to ensure delivery of an effective integrated 0 – 19 HCP. The programme will have the child and their family at its centre, and a strong public health focus, underpinned by a robust evidence base. All mandated requirements will be met;

there will be safe clinical practices, and strong information governance. Safeguarding will be at the core of all work. There will be robust monitoring systems that evidence the scale of reach and the impact 0-19 Health Children Program is having on the lives of children and their families.

The integrated program will see all children and young people in Leicester City at key points in their time with 0-19 Health Child Programme. The service will build on the 6 high impact for early years and will use and innovative methods to engage children and young people in accessing health advice, in taking control of their health, preparing them for adulthood, and supporting them to make healthy choices for themselves.

The service will deliver strong universal provision, and work towards early identification of problems to insure additional support is offered. Children will move seamlessly through the 0-19 Healthy Children Programme, thus ensuring children, young people and their families get the right support, from the right people, in the right way and at the right time; including through strong partnerships with NHS agencies, the Local Authority, the voluntary sector and through Leister's Early Help offer.

Implementing an effective integrated 0 – 19 HCP offers a prime opportunity to positively influence health outcomes for children young, people and families in Leicester.

The Public Health Outcomes Framework *Healthy lives, healthy people: Improving outcomes and supporting transparency* was published in April 2013 and sets out a vision for public health, desired outcomes and the indicators that help us understand how well public health is being improved and protected.

The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

The impact of an effective 0 – 19 HCP will be seen and measured through outcomes and indicators including; life expectancy, school readiness, domestic abuse, breastfeeding, smoking prevalence at age 15, excess weight in 4-5, 10 –11 year olds and adults, tooth decay in children aged 5 and self reported wellbeing.

2.3 Healthy Child Programme Review 0-19 years

In preparation for recommissioning the integrated HCP 0-19 years, a full review of the current HCP programmes has been carried out. The final review report was presented in September 2015, and will be reviewed by the HCP Procurement Group (membership includes Public Health, Children's Services, legal, finance, procurement and contracts).

The main purpose of the 0-19 HCP Review was to make an assessment of the current delivery of the 0-19 HCP programme and make recommendations to inform the recommissioning of the service in 2017. The review:

- explored national and local policy and best practice
- examined current service provision
- developed ideas for an integrated 0-19 HCP
- identified opportunities for integrated commissioning of services
- reviewed how the 0-19 HCP workforce contributes to Early Help and

safeguarding

The review findings will inform the development of the specification for the new 0 – 19 integrated healthy child programme for Leicester.

2.3 Extended Joint Review with the Early Help Offer

Through the 0-19 years HCP review process that has been undertaken, it has become evident that recommissioning of the 0-19 HCP provides a bigger opportunity to align the 0-19 HCP programme with the Council's Early Help offer whilst also strengthening the link between 0-19 HCP and wider partners delivering early help services.

Extending the review to allow for further integration with the Council's Early Help offer will reduce duplication of services and could serve to improve standardisation and coordination of services, thereby ensuring value for money and creating a robust integrated programme that reflects and responds to the needs of Leicester's communities.

Recommendations

Health and Well-being Board are asked to note plans for the recommissioning of the 0-19 Healthy Child Programme and to develop further alignment of this programme with the Council's Early Help Offer.

LEICESTER CITY HEALTH AND WELLBEING BOARD
DATE

Subject:	The development of the Joint Health and Wellbeing Strategy
Presented to the Health and Wellbeing Board by:	Ruth Tennant, Director of Public Health
Author:	Sue Cavill, Head of Engagement and Consultation, Arden & GEM Commissioning Support Unit

EXECUTIVE SUMMARY:

- **Health and Wellbeing Boards are required to produce a Joint Health and Wellbeing Strategy.**
- **Leicester's JHWBS is due for renewal/refresh in 2016.**
- **The Health and Wellbeing Board has held a number of development sessions to think about the new strategy.**
- **They have agreed that they would like it to have a long term vision (eg 20-25 years) with shorter term interim goals (eg 3-5 years).**
- **A number of major themes have been identified for development and intervention.**
- **The Board have a number of recommendations about how their vision could be achieved.**
- **A structure for the strategy is suggested, and it is recommended that a small group develops a draft strategy.**

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to: **note the development of the strategy so far and agree next steps.**

Leicester City Joint Health and Wellbeing Strategy – briefing paper

1. Introduction

A key responsibility of Health and Wellbeing Boards is to develop a Joint Health and Wellbeing Strategy (JHWBS).

Leicester Health and Wellbeing Board developed its first JHWBS during 2012-13. It was published in April 2013 and intended to cover a three year period. The strategy focused on a range of measures that needed to be taken to reduce the gap in life expectancy within the city and between the city and the national average.

Since publication, the Health and Wellbeing Board and its sub-committee the Joint Integrated Commissioning Board have received regular updates on progress, reporting on a number of high level agreed key performance indicators.

Since the publication of the strategy, there have been considerable changes in the health and social care landscape. There is a clear need to for a strong and sustained focus and local leadership around prevention. This is needed to reduce the health gap in the city, meet the challenge set out in the NHS 5 Year Forward Review and to reduce pressure on social care and children's services.

The strategy is now due to be refreshed. The Health and Wellbeing Board has held a number of development sessions to discuss what the new strategy should look like

This paper explains the progress of thinking on the development of the strategy so far, suggested content and next steps.

2. Major themes

At their development sessions, the Health and Wellbeing Board identified the following key principles that should drive the development of the strategy: .

- The strategy should set out a long term vision for 20-25 years, which would act as a blueprint for how to deal with inequalities, enabling investment in prevention and reducing the gap in health outcomes between different parts of the city. The strategy should recognise that changes in life expectancy require short-term action but the impact on key outcomes such as life expectancy, will take longer to demonstrate and will need sustained focus. However, there is also a clear need to take rapid action to accelerate the pace of change in some 'high impact' areas which could lead to more rapid change in the next 3-5 years.
- The strategy should focus on different stages of people's lives, looking at what would lead to sustained improvements in children's health and well-being, in adult life and in older age. It should also look at the wide range of assets and resources locally that could drive improvements in health and well-being. The strategy needs to clearly reflect and help drive work already going on locally to improve health outcomes.
- There needs to be clear buy-in and support from the public for the 'high impact' areas that the strategy will focus on.
- The strategy needs to be supported by good data, including the Joint Strategic Needs Assessment and local MORI Health and Well-being Strategy and be measured against key short, medium and long-term outcome measures.
- The strategy needs to be innovative and developed and delivered in a way which uses new techniques to support behaviour change, for example using social media or

local health challenges to encourage people to think differently and to encourage people across the city to get involved.
- There needs to be effective engagement of different groups from across the city to mobilise resources to deliver the strategy, including the voluntary sector, community groups, schools and local businesses.
- We need to draw on external expertise, such as the Institute of Health Equity, to support the development of a clear and evidence-based framework for systematically tackling health inequalities.
-

3. Structure

The suggested structure of the strategy is as follows:

- Foreword, setting out a clear call to action
- Introduction: the local challenge What we know: our key health challenges, how these have changed over time and what we are currently doing to address these challenges
- Our mission: Healthy Leicester (2016-2040)
- Healthy Children: Leicester's quest for the healthiest generation
- Healthy lifestyles: helping people to stay healthy: a series of key health challenges to promote healthier lifestyles.
- Healthy minds: mental health and wellbeing
- Ageing Well in Leicester: health and well-being in older age/

Each area will include a clear statement of intent and an explanation of why these are important priorities locally. There will also be an overview of what is already being done to improve these and what more will need to be done to improve drive sustained improvements in outcomes. The strategy will be supported by some key short, medium and long-term objectives and deliverables. We will also include an analysis and overview of the assets that we have to support delivery of these objectives, including resources in the NHS and local government, the business, private sector and voluntary sector as well as the social capital that lies within individuals and communities.

4. Next steps

A draft strategy document will be submitted to the 2 February 2016 meeting of the Health and Wellbeing Board. Following this meeting, a programme of engagement with patients, the public and stakeholders will be undertaken to elicit feedback on the draft, including ideas about the best measures to put in place to achieve the strategy's objectives.

Appendix G

LEICESTER CITY HEALTH AND WELLBEING BOARD
27 OCTOBER 2015

Subject:	Live/ Work Leicester Campaign
Presented to the Health and Wellbeing Board by:	Ruth Tennant, Director of Public Health
Author:	Ruth Tennant, Director of Public Health

EXECUTIVE SUMMARY:

- This paper sets out progress scoping a city-wide marketing campaign to promote Leicester as a place to live and work.
- The key aims of the campaign would be to market Leicester as a city and also to attract staff in key shortage areas to live and work locally.
- The campaign would be led by the City Council via the Health and Wellbeing Board but would involve other key partners including the NHS locally.

RECOMMENDATIONS:

- The Health and Wellbeing Board is requested to endorse the proposed approach to developing a joint city-wide campaign and to nominate key members to oversee its development and implementation.

Live/ Work Leicester Campaign

1. Outline proposal

There have been a number of discussions at strategic boards, including Leicester's Health and Well-being Board and Children's Improvement Board about critical gaps in key areas of the local workforce and what could be done to address these. This includes significant issues in the recruitment and retention of social workers and teachers and GPs in particular although there are also key skills-shortages affected other parts of the health and social care work force.

Organisations have taken steps to recruit staff in these key shortage areas including reviewing the overall package (training, personal development and other incentives) offered to staff who take up posts in shortage areas. However, there remains a continuing need to attract skilled staff to work in the city, including retaining staff who have trained locally as well as attracting people who live outside the city to apply for jobs in Leicester.

Leicester City Council is leading on place-based marketing for the City. Work is underway to to develop a consistent brand for the city and to highlight the key features of Leicester, promoting the city as a tourist destination and attracting in inward investment. This includes plans to develop a clear brand and identity to be used for place marketing which are currently in development. This brand would be used as an over-arching identity for the campaign.

Initial discussions with key partners including the City Council, Leicester City Clinical Commissioning Group, University Hospitals Leicester and Leicester and Leicestershire Partnership Trust has indicated that there is a willingness for partners to develop and potentially contribute to a joint local campaign, with the aim of recruiting staff to key shortage areas as well as promoting the city.

2. Examples of similar campaigns

Birmingham City Council has recently run a similar campaign with the dual aim of promoting the city and its neighbourhoods and recruiting staff to key shortage areas in the city council, specifically children's social care and education. This included profiles of staff who had successfully moved into key roles in the City Council from other areas.

The campaign, under the banner of 'Best of Birmingham' included three key themes: city life in Birmingham capturing features of the city likely to appeal to the target workforce demographic, profiles of staff describing why they enjoy working in the city, and profiles of staff who have chosen to move to the city. The campaign, which was produced by Guardian News and Media, sponsored by Birmingham City Council, includes a hosted website and a hard copy supplement which was distributed with the Saturday edition of the newspaper. The impact of the campaign, which went live in September is not yet known.

3. Proposal & next steps

Initial expressions of interest have been sought from local partners and initial scoping work has been carried out to map the feasibility of a joint local campaign and to identify potential target staff groups. This work, which would be led by the City Council, now needs to be further developed with a view to identifying and agreeing target staff groups, developing a costed proposal and seeking financial commitments from all partners, likely to be in the region of £20k per partner. Sponsorship may also be sought from major businesses in the city.

4. Recommendation

- Health and well-being Board members are asked to endorse the proposed approach to developing a joint city-wide campaign and to nominate key members to oversee the work, working with the City Council's Marketing and Brand Management team.